

Apostolic Faith Church Guardian Application

Private information will be kept confidential and stored in a secure manner.

Name _____ DOB _____ Social Security # _____

Address _____

City, State, and Zip _____ E-mail _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact Person: _____ Cell Phone: _____

Name of child for whom you will accept guardianship: _____

Address of child: _____

If you have lived at your current address for less than seven years, provide information on other addresses during that period.

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

1. How long have you attended the Apostolic Faith Church? _____

2. Briefly describe how and when you became a Christian.

3. Have you ever been convicted of, pled guilty to, or pled no contest to a crime or misdemeanor other than a minor traffic violation? If yes, please explain.

4. Have you ever been the subject of a child abuse investigation? If yes, please explain.

5. Are there any other facts or circumstances involving you or your background that could call into question your being entrusted with the guardianship of a minor?

6. Have you completed the online abuse prevention training required by the Apostolic Faith organization?

Yes _____ No _____

Give at least three references. Please include a professional reference (former or current supervisor or co-worker), a personal reference (friend, pastor, teacher, coach) a family member, and a person of the opposite gender. References must be over age 18, and must have known you for at least one year.

Name _____ How do you know this person? _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Name _____ How do you know this person? _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Name _____ How do you know this person? _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

I hereby attest that the information contained in this application is correct and complete to the best of my knowledge. I authorize a representative of the Apostolic Faith Church to contact anyone listed on this form to request information regarding my character and fitness for service. Any person contacted by the church for this reason is authorized to provide information. I voluntarily release the Apostolic Faith Church from any liability involving the communication of information related to my background or qualifications. I also give full authorization and consent for a background records check to be conducted on me. I hereby attest that I have read and understand the foregoing document, and that I sign this release as my own free act.

Signature _____ Date _____