



Focal Point Employment and/or Volunteer Application Packet

Thank you for your interest in serving the Lord Jesus Christ at Focal Point Church. We hope that your service will be spiritually meaningful and fruitful.

This application packet is contained in two parts.

(1) The following three pages contain written questions that need to be completed and reviewed prior to the beginning of your service. This form should be mailed or hand delivered to the church office.

(2) The second part of this application is a formal background check. This is done for the safety of children and youth. We utilize a third party to conduct reports so that both the accuracy of the information and the security of private information are ensured. All information gained in these reports will be held in strictest confidence accessible to only the pastoral team. Any information that deems a person ineligible for service in a particular area will be discussed with that individual. Please, go online to this secure site to begin this process:

www.ministryopportunities.org/focalpoint

Please have the following information available when requesting the background check:

- Driver's License
- Social Security Number
- Present and previous addresses
- Aliases (i.e. maiden names)
- Date of Birth

Thank you once again for your willingness to be apart of the ministry of Focal Point Church. We look forward to serving with you. An interview will be set up upon completion of the application process. Please anticipate a call from a ministry leader, pastor or the office staff within a few days.

With gratefulness,
Focal Point Church

Focal Point Employment and/or Volunteer Application

General Information

Name: _____

Address: _____

Phone Numbers(s): _____ Email: _____

When did you begin attending Focal Point Church? _____

What area of service or employment are you applying for: _____

References

List any organizations where you have worked, served or volunteered your time and talents within the past 5 years, so we may contact them for a reference check. These persons should not be related to you. Please list at least one person whom you served under: former pastors, employers, ministry leaders. The other references can be co-workers in ministry or at work, and friends.

- Name: _____

Title & Organization: _____

Phone: _____

Please briefly explain in what capacity you served under this person, and what roles you both performed:

How many years has this person known/been acquainted with you? _____

- Name: _____

Title & Organization: _____

Phone: _____

Please briefly explain in what capacity you served under this person, and what roles you both performed:

How many years has this person known/been acquainted with you? _____

- Name: _____

Title & Organization: _____

Phone: _____

Please briefly explain in what capacity you served under this person, and what roles you both performed:

How many years has this person known/been acquainted with you? _____

DMV Questions *(For volunteers and employees who will serve in transporting children and adults.)*

1. List all actively held vehicle licenses and the states in which they are held. Please describe any background you have had in transporting groups of people.

2. List all traffic/violations/automobile accidents (no matter of fault) within the past 3 years?

3. Have you been convicted of driving under the Influence of drugs or alcohol anytime within the past 7 years?

Yes No

4. If yes, when and where?

5. Have you ever been charged with, indicted for, or pled guilty to a crime, including traffic violations?

Yes No

6. Explain

Children Questions

1. As a ministry we are concerned about our children and students and their well being. Is there anything in your past or present that would prohibit you from ministering to our children and/ or students?

Yes No

2. Explain

3. Please leave any other comments or concerns here:

Consent Agreement

The information contained in this application (*comprised of four pages*) is correct to the best of my knowledge. I hereby authorize Focal Point Church (i.e. Family Life Church of South Orlando and Hunter's Creek Community Church) and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative report to be generated for employment and/or volunteer purposes.

For volunteers: I understand that the scope of the report MAY include, but is not limited to the following areas: verification of social security number; current and previous residences; character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

For employees and those applying for employment: I understand that the scope of the report MAY include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Focal Point Church (i.e. Family Life Church of South Orlando and Hunter's Creek Community Church) or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Focal Point Church (i.e. Family Life Church of South Orlando and Hunter's Creek Community Church), the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Full Name (printed):

Signature:

Date: