
Staff Application

Alaska Ministry Network

In order to provide the safest possible environment in which our children and youth can experience God, all workers attending or assisting at any Alaska Ministry Network camps involving minors must be screened. A complete application, described below, must be on file 2 weeks before the event. If you have lived outside the United States, a longer processing time is required, up to a month.

Please note that Parts 1, 2, and 4 of this application must be received by the Alaska Ministry Network office at least 2 weeks prior to the event. If the application is received after the two week deadline, there is no guarantee that the forms will be processed in time for the event. In order to be processed, \$20 must be sent with this form to pay for the criminal records check.

1. The first section entitled “**Staff Application | Part 1**” must be filled out for every staff person and turned into our office.
2. The second section entitled “**Staff Application | Part 2**” must be signed by your pastor and included with “**Staff Application | Part 1**” to show that your church has done their due diligence to properly screen you.
3. The third section entitled “**Volunteer Screening Form | Part 3**” is to be completed only by applicants who do not have a written application on file at their local church. **This is to be retained by your church.**
4. The fourth section entitled “**Staff Application | Part 4**” is to be completed and turned in to our office with Part 1 and 2. This is an authorization to run a criminal records check, which is required for all camp workers. This part of the application is not necessary for workers who are minors.

If you have any questions please contact us at:

Youth Ministry | Nathan Lopez

Call: 907-841-0183

Email: nathanlopez@alaskaag.org

Children's Ministry | Pam Hodges

Call: 907-952-4618

Email: pastorpam7@gmail.com

Royal Rangers | Chuck Niemann

Call: 907-952-2905

Email: chuxn@gci.net

Camp AN | Jim Schulz

Call: 907-278-4567

Email: jimschulzalaska@gmail.com

Staff Application | Part 1

Alaska Ministry Network

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors in any scheduled program or activity of the Alaska Ministry Network of the Assemblies of God. It is being used to help provide a safe and secure environment for those children and youth who participate in scheduled children's and youth activities of the Alaska Ministry Network of the Assemblies of God.

Please note that no smoking, alcohol, or recreational drug use is permitted at any Alaska Ministry Network event.

PERSONAL

Date: _____

Name: _____

Present Address: _____
Number Street City State Zip

Home Phone: () _____ Age: _____ Email: _____

Which event are you initially applying to work at? _____

Have you ever been convicted of or pleaded guilty to a crime? Yes _____ No _____. If yes, please explain (attach a separate page, if necessary): _____

CHURCH HISTORY AND PRIOR YOUTH/CHILDREN'S WORK

Name of Church You Regularly Attend _____

Address: _____
Number Street City State Zip

Church Phone Number _____

List other churches you have attended regularly during the past 5 years and the type of all previous work you performed; (Attach a separate sheet if necessary.)

	Church 1	Church 2	Church 3
Church Name			
Address			
City			
State Zip			
Phone #			
Type of work performed			

Volunteer Screening | Part 2

Church Leader Certification

CHURCH LEADER CERTIFICATION

Because of the large number of applicants, great reliance is placed on the certification of each applicant's pastor that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. It is also important that the local church has screened each applicant with a process including an application, reference check, and interview. When checking references, call organizational references such as churches, youth organizations, or other individuals who have observed the person working with minors.

I certify that:

Our church has completed two references checks on this worker, and the documentation is on file at the church. In addition, I, or another church representative, have completed an interview with the worker to determine their suitability to work with minors. Based upon the application, reference checks, interview, and any knowledge I may have, I know of no reason why this individual should not work with minors.

Legible Signature

Printed Name

_____ Pastoral Staff Member
_____ Advisory Board Member
_____ Senior Pastor
(check one)

Volunteer Screening Form | Part 3

To Be Retained by the Local Church

CONFIDENTIAL

This application is to be completed by all applicants for any position (volunteer or compensated). This is not an employment form. Persons seeking a position in the church or as a paid employee will be required to complete an employment application in addition to this screening form. This form is being used to help the church and/or Alaska District of the Assemblies of God provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PERSONAL

Date: _____

Name: _____

Present Address: _____
Number Street City State Zip

Home Phone: () _____ Age: _____

Have you ever been convicted of or pleaded guilty to a crime? Yes _____ No _____. If yes, please explain
(attach a separate page, if necessary): _____

CHURCH HISTORY AND PRIOR YOUTH/CHILDREN'S WORK

Name of Church Regularly Attend _____

Address: _____
Number Street City State Zip

Church Phone Number _____

List other churches you have attended regularly during the past 5 years and the type of all previous work you performed; (Attach a separate sheet if necessary.)

	Church 1	Church 2	Church 3
Church Name			
Address			
City			
State Zip			
Phone #			
Type of work performed			

List all previous non-church work involving children or youth:

	Organization	Organization 2	Organization 3
Name			
Address			
City			
State Zip			
Phone #			
Type of work performed			
Dates			

List any gifts, callings, training, education, or other factors that have prepared you for children or youth work:

[illegible]

PERSONAL REFERENCES | Not former employers or relatives

REFERENCE ONE

Name _____
First Last
Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____

REFERENCE TWO

Name _____
First Last
Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application, I hereby release any individual, church, youth organization, charity, employer, reference, district, camp, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the church/Network and to refrain from unscriptural conduct in the performance of my service on behalf of the church/Network.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Staff Application | Part 4

Alaska Ministry Network

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION

I, _____, hereby authorize the Alaska District Council of the A/G, dba the Alaska Ministry Network to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant: _____ Date: _____

Name as it appears on Driver's License(Last): _____ Name (First): _____

Address: _____

Other Names used by Applicant (If any): _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Application will not be processed until payment of \$25 is received.

For Office Use Only

Part 1 Complete: Y/N
Part 2 Complete: Y/N
Part 4 Complete: Y/N

Criminal Records Check Ran: Y/N
Application Approved/Denied
Payment Received: \$ _____
Online OR Check # _____

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