Mitchell Road Presbyterian Church

PRIMARY SCREENING APPLICATION

This information is to be completed by all candidates for any position (voluntary or compensated) involving the supervision or custody of minors. It is being used to assist the church in providing a safe and secure environment for those children and youth who participate in our programs and use our facilities. All information provided will be kept confidential.

		Date		
	PERSONA	AL INFORMATION		
NameLast	I	First	Middle	
Present Address				
City	State	Zip		
Telephone Home		Mobile		
Email				
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	MINISTR	Y INFORMATION		
Please indicate the type of	youth or children's	work you prefer:		
□Nursery (infants through	age 3) □Child	ren (age 3 through 4	th grade)	
\square Youth (5 th -12 th grade)	□Choirs	S	□Other	
Name of the church where	you are a member ((include address if o	ther than MRPC)	
How long have you been a	member at this chu	ırch?		
When did you begin attend	ing MRPC regularl	y?		
Please list other churches y	ou have attended d	uring the past five y	ears (include address)	

Please list all previous church wo performed and dates):	rk involving youth or childre	n (include church's name, type of work
Please list all previous non-church type of work performed and dates	h work involving youth or ch	ildren (list each organization's name,
List any gifts, callings, training, e children's work:	ducation, or other factors tha	
Personal References (not relative	es or former employers unles	s pertinent to this application):
Name	Name	
Address		
Telephone		>
Email	Email	
Relationship	Relations	hip
Have you read Mitchell Road Pre	sbyterian Church's Child Pro	tection Policy? □Yes □No
CONFIDI	ENTIAL BACKGROUND II	NFORMATION
	zed to implement this policy spastoral staff, the MRPC staff	shall be maintained by limiting the f member directly responsible for the
Name		
Last	First	Middle
Have you ever been convicted of ☐Yes ☐No	or pleaded guilty to a crime of	other than a minor traffic violation?

Approved by Session: April 24, 2000 Revision 1: October 2011 Revision 2: October 2021

If "yes" please explain, attach a separate page as necessary:
Have you ever been accused and/or convicted of physical or sexual abuse? □Yes □No
Have you ever been treated for or had a problem with drug and/or alcohol addiction or abuse (including prescription medications)? □ Yes □ No
Do you have any medical, physical or emotional conditions which may impact your ability to work with children? Tyes No (If yes, please explain.) If pertinent, please identify any related medications:
Were you a victim of abuse or molestation while a minor?* ☐Yes ☐No
*If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with a member of the ministry staff rather than answering it on this form. Answering "yes," or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.
APPLICANT'S STATEMENT AND RELEASE
Should my application be accepted, I agree to be bound by the PCA <i>Book of Church Order</i> and the policies of Mitchell Road Presbyterian Church and subject to the authority of its Session, and to refrain from unbiblical conduct in the performance of my services on behalf of the church.
The information contained in this application is correct to the best of my knowledge. I authorize any references, former employers or churches listed in this application, and anyone identified by such references, former employers or churches to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work.
I further state that I have carefully read the foregoing applicant's statement and release and know the contents thereof and I sign this statement and release as my own free act. This is a legally binding agreement which I have read and understand.
Applicant's Signature Date
Print Name
Parent's Signature Date

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