Summit View Church
Authorization for Background Information

This application is to be completed by all those desiring a ministry position in at Summit View Church. It is used to help the church provide a safe and secure environment for our youth.

Legal Name:_____ Birthday: _____/ _____/ _____
Last First Middle

Address:_____
Street City State Zip

Home Phone: (_____)_____ Cell Phone: (_____)_____

Social Security #:_____ Email Address:_____

Do you regularly attend our Sunday gathering? ❑ No ❑ Yes ~ ❑ First Gathering ❑ Second Gathering

Are you a part of a care group? ❑ No ❑ Yes If yes, please list the leaders name_____

Tell us where are you at spiritually? (Circle the one that best represents you currently)

- Considering Christianity
- New Believer in Christ
- Pursuing a deeper relationship with God
- Lifelong disciple of Christ

Applicant's Statement

I hearby authorize Summit View Church to verify all information contained in this application by running a criminal background check. I release all such persons or entities from liability that may result or arise from Summit View Church's collections of all such evaluations or information or its consideration of my application.

Applicant's Signature: _____ Date: _____