

### Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children or youth and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to follow the Policies of Shadow Hills Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I authorize that a Criminal Records Check may be conducted on me and that any information which pertains to any record of convictions contained in police files or any criminal file maintained on me whether state or local be released to the church. In so authorizing, I release any Police Departments, Shadow Hills Church, or those individuals receiving the results of the check from any and all liability resulting from such disclosure.

I understand that the personal information will be held confidential by the professional church staff.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# MINISTRY WITH MINORS

## Volunteer Application

Name: \_\_\_\_\_



Shadow Hills

CHURCH

7811 Vegas Drive

Las Vegas, NV 89128

702-880-7811

### APPLICANT CHECKLIST (For official use only)

Reviewer Name \_\_\_\_\_

Comments \_\_\_\_\_

#### Placement:

Day/Hour \_\_\_\_\_ Class \_\_\_\_\_ Start Date \_\_\_\_\_

