



PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY AND
RETURN IT TO STONEGATE FELLOWSHIP
2012 Short-Term Mission *APPLICATION*

STATEMENT OF POLICY FOR WORKERS WITH CHILDREN OR STUDENTS

The members of Stonegate Fellowship ("Stonegate") are committed to the safety, welfare, and protection of all children and youth participating in the activities and programs of this church. The Child Protection Guidelines are intended to protect both the child and the volunteer worker(s) and are intended to be a helpful resource in addressing the issues of child safety.

In order to maintain a safe environment for all children and youth, all persons must be aware of their individual responsibility to report any questionable circumstance, observation, act, omission, or situation which endangers or threatens children. All questions or concerns of suspected activity of abuse or harassment by a volunteer or paid worker should be immediately reported to a supervisory staff member.

Volunteers must be 18 years of age or older, or must be under the direct supervision of an adult who has met the qualifications reviewed in the Child Protection Guidelines.

Every volunteer working with children in the 12th Grade and under must be a member of Stonegate for at least six months prior to beginning their service, or must be under the direct supervision of an adult who has met these qualifications.

As often as practical, two adults who are not married to one another will be assigned to supervise or lead all activities involving children and youth.

Discipline used in church activities should be constructive and reflect Christian values. Corporal punishment, physical hazing, and initiations are **STRICTLY** prohibited.

Security background checks for persons 18 years and older, including a search for criminal history, will be conducted through an agency authorized to perform such background checks.

By signing this document, I, _____, acknowledge that I have read and understand the information that is communicated through this statement of policy for workers with children or students. I agree to comply by these standards, and I am committed to maintaining the safety of the children of Stonegate Fellowship. I also acknowledge that I have received a full copy of the Child Protection Guidelines.

Applicant Signature: _____ Date: _____ / _____ / _____

email pdf to missions@stonegatefellowship.com when finished.

Name:_____

First Choice of Mission:_____

Second Choice of Mission:_____

Email:_____

Address:_____

Phone Number:_____ Date of Birth:_____

Country of Citizenship:_____

If not USA, are you a permanent resident? _____

Passport Number:_____

Passport Expiration Date:_____

If you do not have a passport, please list your name exactly as it will appear then your passport is issued.

Name EXACTLY as it appears on your passport:_____

Languages Spoken:_____

Physical or Medical Limitations:_____

Emergency Contact Name:_____

Emergency Contact Number:_____

Emergency Contact Relationship:_____

References:

Church Leader

Name: _____

Phone: _____

Friend

Name: _____

Phone: _____

Co-Worker:

Name: _____

Phone: _____

Personal Reflection

Briefly describe how you came to know Jesus Christ as Savior and Lord. Tell any other significant times of growth in your walk with Him. How is the Lord working in your life right now?

Briefly describe what a mission is to you and how your skills, gifts, and training equip you to be a part of this strategic mission.

Give a brief evaluation of prior missions experience including spiritual growth, relationships, job assignments, date and organization.

List three of your “strengths” and three of your “weaknesses” and explain how each might impact the team dynamic.

If more space is needed attach to this application.
email missions@stonegatefellowship.com for questions

Confidential Background Screening Form

The results of the security background checks will be reviewed by the Church Administrator or other designated staff member. If the results of the check are questionable, according to Stonegate Fellowship's Volunteer Background Check Procedure, the information will be reviewed with the applicant by the Church Administrator and/or other supervisory staff member.

All personal information voluntarily disclosed, the results of all security background and reference checks, or the refusal of any person to participate in a program or activity in lieu of such disclosure requirements will be considered confidential. The written results of the security background checks and the reference checks initially will be reviewed by a specific person designated by a supervisory staff member. After this initial review, all results will be directed to the supervisory staff member, if necessary.

Without the written permission of a volunteer or paid worker, the results of the background check and the reference check will be disclosed only to a supervisory staff member and specific reviewer designated by a supervisory staff member.

NAME: _____
FIRST MIDDLE LAST

CURRENT ADDRESS: _____ **SINCE:** ____/____/____

CITY: _____ **STATE:** _____ **ZIP:** _____

If you have lived at your current address for more than one year, your previous addresses are not necessary.

PREVIOUS ADDRESS: _____ **FROM:** ____/____/____ **TO:** ____/____/____

CITY: _____ **STATE:** _____ **ZIP:** _____

PREVIOUS ADDRESS: _____ **FROM:** ____/____/____ **TO:** ____/____/____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

HOME PHONE: (____) - ____ - ____ **CELL PHONE:** (____) - ____ - ____

WORK PHONE: (____) - ____ - ____ **DATE OF BIRTH:** ____/____/____

Your SSN is needed in its entirety to complete this application: **SSN:** ____ - ____ - ____

FORMER NAME(S) & DATES USED: _____
maiden name & year married, if applicable

'YES' ANSWERS TO THESE QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM SERVICE WITH STONEGATE FELLOWSHIP

Have you ever been disciplined by a church?

YES

NO

If yes, please explain:

Have you ever been convicted of or pled guilty to a criminal offense (misdemeanor or felony, other than parking violation) in a court of law?

YES

NO

If yes, please provide date(s), location(s), and violation(s):

Have you ever been charged for, pled guilty or no contest or been convicted of any criminal violation of any type of sexual misconduct or abuse?

YES

NO

If yes, please explain:

Have you ever been disciplined, suspended, or terminated by any organization due to allegations of any type of sexual misconduct or abuse concerning a minor?

YES

NO

If yes, please explain:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Stonegate Fellowship and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer 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.

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 Stonegate Fellowship 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 Stonegate Fellowship, the Social Security Administration, and its agents, officials, representatives, 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.

Applicant Signature: _____ Date: _____ / _____ / _____