# **Graphical user interface, website Description automatically generated**

**Staff Registration**

This application is to be completed by **all** applicants for any position involving the supervision or custody of minors in any activity sponsored by NC Assemblies of God. It is being used to help provide a safe and secure environment for those children who participate. All applicants must be at least 18 years old and are REQUIRED to enclose a copy of one of the following: **driver’s license**, **current passport**, or **birth certificate**.

INCOMPLETE APPLICATIONS WILL BE RETURNED!

**PERSONAL DATA:**  **(*print clearly)***

Last Name

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First Name Middle

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Social Security Number (necessary for background check)

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Mailing Address

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City State Zip Code

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Home Phone # Alternate Phone #

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# Marital Status (Circle answer) Married Single Separated Divorced Remarried Widowed

# Gender (Circle answer) Male Female

# Driver’s License # State

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Do you use tobacco? \_\_\_ \_ Drink alcoholic beverages? \_ \_\_\_ Use non-prescription drugs? \_\_\_ \_\_

Are you certified in/as: CPR EMT LPN RN, License/St:

T-shirt Size: (S) (M) (L) (XL) (XXL) (XXXL)

Have ever been convicted of or pleaded guilty to a crime? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: *(Attach a separate page if necessary)*

Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting a child? \_\_\_\_Yes \_\_\_\_No

If yes, please explain in detail, providing date and place of incident: *(Attach a separate page If necessary*):

# Do you have any physical handicaps or conditions preventing you from performing certain types of activities?

# \_\_\_\_Yes \_\_\_\_No

# If yes, please explain: *(Attach a separate page if necessary)*

# **CHURCH HISTORY AND PRIOR CHILDREN’S WORK**

Name and address of church to which you are a member:

# List the name and address of other churches you have attended regularly during the past five years.

# List all previous church work involving children:

Church Name and Address Type of work performed Dates

List previous *non-church* work involving children (List organization’s name, address, type of work performed, and dates):

# Have you worked at previous Mpact Girls’ Retreats? Number of Years

What positions worked?

**Do you consent to having a background check processed by NC Assemblies of God? If for any reason a background check will need further review, the issue will be addressed with the local pastor.**

Yes, I allow a background check to be obtained.

No, I do not consent to have a background check. I understand this will affect the possibility of being on staff for Mpact Girls’ Retreat.

**SIGNATURE:** **DATE:** / /

Please sign legibly

STAFF REGISTRATION COST IS $75

ALL FORMS MUST BE SUBMITTED BY June 28th!

\*\*\*\*\*\*

**Retreat budget allows for 1 sponsor per 4 girls.**

**If you have additional sponsors that would like to participate, please pay the full adult price of $136**

**Please make checks to: NCAG \*\*\*Please mail to: NC Girls Ministries, 2660 Yonkers Rd, Ste 130 Raleigh, NC 27604**

**Senior Pastor’s Reference**

*The Senior Pastor MUST complete this portion*.

***Please read this paragraph of instructions carefully.*** Please forward this page to the Senior Pastor to complete. The Senior Pastor should then mail it to the NCAG Girls’ Ministries Office. Reference will remain confidential. Background checks will be performed on all applicants.

Applicant Name

How long have you known this applicant?

Does this applicant attend church services faithfully? □ Yes □ No

In what capacity does he/she currently minister in your church?

To the best of your knowledge, is the applicant free from use of tobacco, alcohol, or other drugs? □ Yes □ No

Does this applicant have adequate spiritual maturity to pray with girls for the infilling of the Holy Spirit? □Yes □ No

Does this applicant have adequate spiritual and emotional maturity necessary for praying with girls regarding the various problems that may be presented by girls? □ Yes □ No

Is there any information about this applicant you feel would be necessary for us to know?

Do you recommend this individual to serve as a staff member at our retreat?

* Highest Recommendation
* Recommend
* With reservation I recommend
* Do not recommend
* Please have someone contact me

PASTOR’S NAME (First, Last)

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CHURCH CITY

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CHURCH PHONE NUMBER

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Pastor’s Signature Date / /

Please return this form to: NCAG Girls Ministries Office

2660 Yonkers Rd, Ste 130

Raleigh, NC 27604