

Highpoint Church

Volunteer Application to Work with Minors

This application is to be voluntarily completed by all individuals who are presently or desiring to be involved in ministry involving minors at Highpoint Church. This application is designed to support a safe and secure environment for the minors of Highpoint Church. The information provided is confidential and will only be disclosed to the appropriate staff, department heads and/or authorities completing background investigations. We thank you for your willingness to serve.

First Name _____ MN _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

SSN _____ DOB _____

Driver's License # _____

Email address _____

Have you worked or volunteered with minors before? Yes No
If yes, where? _____

Current employer: _____

Previous church affiliation? Yes No
If yes, what was the name of your previous church? _____
City and state of your previous church: _____

Please list two references

1) Name _____ Phone Number _____
Their relationship to you: _____

2) Name _____ Phone Number _____
Their relationship to you: _____

Have you made a personal decision to follow Christ? Yes No

How long have you made a personal decision to follow Christ? _____

How long have you been attending Highpoint Church? _____

Have you ever been convicted of a felony or any other criminal offense? Yes No

If yes, please explain _____

Have you ever physically, sexually, or emotionally abused a child? Yes No

If yes, please explain _____

Do you view or access any kind of pornography? Yes No

If yes, please explain _____

Applicant's Statement: The information contained in this application is correct to the best of my knowledge. I authorize Highpoint Church and their respective agents to solicit background information relative to my criminal history, driving record and references. I authorize without reservation, any person, agency, other entity contacted by Highpoint Church or their agents, to furnish the above-mentioned information. I release Highpoint Church or their respective employees, agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

Authorization Signature _____ Date _____

Parent's Consent for Security Check _____ Date _____
(Parent or legal guardian must sign this form if applicant is under 18 years of age)



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