



# SERVE TEAM INFORMATION SHEET

*We are so excited that you've decided to join our team! Please complete ALL of the information on this form. Our leadership team will use your information in order to contact you and place you in an area of RevKids in which your gifts will be best utilized!*

**Our Vision:** "So people far from God experience radical transformation through Christ."

**Our Mission:** To partner with families and raise up a generation of Kingdom Builders, who desire a life-long relationship of knowing & loving Jesus!

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Best Phone Number to use \_\_\_\_\_ Email \_\_\_\_\_

Do you Text? \_\_\_\_\_ Facebook? \_\_\_\_\_ Name on FB \_\_\_\_\_

Best form of contact \_\_\_\_\_

Experience with children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Areas of RevKids that interest you (Check all that apply):**

Nursery (not potty trained) \_\_\_\_\_ Toddlers (2s&3s) \_\_\_\_\_ PreK (4-5 yrs) \_\_\_\_\_

RevJr (K-2nd grade) \_\_\_\_\_ RevKid (3rd-5th grade) \_\_\_\_\_

**Service Time that you prefer to serve (Check all that apply):**

Sat 2:30pm \_\_\_\_\_ Sat 4:30pm \_\_\_\_\_ Sun 9am \_\_\_\_\_ Sun 11am \_\_\_\_\_

**Time Frame:** Consistency is incredibly important for children. In RevKids, we become a family! Because of this, we encourage our volunteers to "attend one, serve one" (service). Would you like to serve (check one):

\_\_\_\_\_ 2 weeks per month \_\_\_\_\_ 3 weeks per month \_\_\_\_\_ Every Week

## DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **Organization Name**, (herein "Client") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment/volunteer purposes from Protect My Ministry, Inc., (herein: "Protect My Ministry") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

~~I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PROTECT MY MINISTRY DEEMED PERTINENT TO MY EMPLOYMENT.~~

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Protect My Ministry's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Protect My Ministry will provide a written explanation of any coded information contained in my file. I understand that Protect My Ministry is a Consumer Reporting Agency and it is Protect My Ministry's policy to not be involved in or make hiring decisions or recommendation.

Protect My Ministry's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Protect My Ministry does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

The following must be filled out completely and signed for your application to be considered (Please Print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER or STATE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ E.MAIL ADDRESS \_\_\_\_\_

For ID purposes please provide FULL DOB: \_\_\_\_\_ Please List Other Names Used \_\_\_\_\_

**For residents of Minnesota and Oklahoma only:**

I wish to receive a copy of any Background Check Report on me that is requested.

**For residents of New York only:**

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

**For residents of California only:**

I acknowledge receipt of a copy of California Summary of Rights under CA law 1786.22.

I wish to receive a copy of any Background Check Report on me that is requested.

TODAY'S DATE \_\_\_\_\_

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

Consumer Reporting Agency contact information

Protect My Ministry  
14499. Dale Mabry Hwy, Ste 201 South  
Tampa, FL 33618  
Phone: 800-319-5581 Fax: 800-319-5582

www.protectmyministry.com