



# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Screening Question:** Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? (Yes or No)

\_\_\_\_\_

**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 – BACKGROUND INVESTIGATION**

In connection with my application for employment or to serve as a volunteer with Revelation Church (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**Acknowledgement and Authorization**

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
TODAY’S DATE

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

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

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

\_\_\_\_\_  
SSN

\_\_\_\_\_  
D/L or STATE ID

\_\_\_\_\_  
STATE ISSUED

\_\_\_\_\_  
EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: \_\_\_\_\_

Please List Other Names Used \_\_\_\_\_