

CHURCH SECURITY TEAM APPLICATION FORM

Date: _____

Full Name: _____

Cell Phone: _____

Address: _____ City, _____ ST _____ ZIP _____

Email: _____

How long have you been attending this church? _____

Are you a member of the church? Yes No

Why do you want to be a part of the security team?

What is the purpose of the security team?

Have you been in a sheepdog position before such as Military, Law Enforcement, or Security? Yes No

If so, please explain:

Do you carry a handgun? Yes No

Do you have any formal training? Handgun or other? Yes No

If so, please explain:

Marital Status: Single, Divorced, Widowed, Separated

If married, have you talked to your spouse about becoming a part of the team? That is, sacrificing service time with them to serve on the team. Yes No

Are you willing to go through 16 hours of initial training (mandatory)? Yes No

Are you willing to train a minimum of 4 hours per month (mandatory)? Yes No

Can you commit to one year on the team? Yes No

Are you willing to fill in when necessary upon a moment's notice? Yes No

What the security team does is a matter of life and death. No one outside of the team can know what we do, tools and equipment that we have, procedures, etc. In short, you cannot disclose any information to your spouse, best friend, or anyone that is not on the team. Is this going to be an issue for you? Yes No

Have you ever had, or suspected you had, an addiction to drugs, alcohol, pornography, and/or any other addictions that might hinder your abilities as a security person? Yes No

If yes, please explain: _____

Have you ever been arrested, convicted of, and/or plead guilty to a crime? Yes No

If yes, please explain: _____

Have you ever been accused of, charged with, and/or alleged to have committed any act of neglecting, abusing, molesting, and/or battering any child or adult? Yes No

If yes, please explain: _____

Have you ever been treated for a psychiatric disorder and/or are taking depression medication? Yes No

If yes, please explain: _____

Are you taking any pain medications other than what is over the counter? Yes No

If yes, please explain: _____

It is your responsibility to notify the team leader if you are placed on any pain medications or psychiatric medications. Do you understand this and are willing to tell the team lead about this change? Yes No

Are there any circumstances in your life that would make it inappropriate for you to serve with minors, or that would compromise the integrity of this Church? Yes No

If yes, please explain: _____

Personal References:

(1) Name: _____

Relationship to you: _____

Length of time known: _____

Home Phone: _____ Work Phone: _____

(2)Name: _____

Relationship to you: _____

Length of time known: _____

Home Phone: _____ Work Phone: _____

(3)Name: _____

Relationship to you: _____

Length of time known: _____

Home Phone: _____ Work Phone: _____

Due to the nature of the mission of the security team, it is necessary that you are able clear a background check. The background check will only take place if we feel that you are a good fit for the team. Are you ok with us conducting a background check? Yes No

Please provide both a copy of a valid driver's license, and a valid permit to carry arms if you carry a weapon.

Print full legal name: _____

Social Security Number: _____

Date of birth: _____ Place of birth: _____

Former address (past 10 years): _____

Applicant's Signature: _____ Date: _____