Guardian Ministry Application

Name: _____ **DOB:** _____

Phone: _____ **E-mail:** _____

Address: _____

In which team roles would you like to become involved?

☐ Greeter ☐ Usher ☐ Medical Team ☐ Tactical Team

Have you completed any certification or formal training related to this role? If yes, please describe:

_____

_____

_____

What skills would you bring to the team?

_____

_____

What other safety or security related work experience do you have? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever:

▪ Been accused, arrested, or convicted of any crime?	☐ Yes	☐ No
▪ Been investigated by a state agency (CPS, Police Agency, etc) for misconduct with a child?	☐ Yes	☐ No
▪ Lost or been denied the privilege to carry a concealed weapon?	☐ Yes	☐ No
▪ Have any life experiences that may hinder you from a productive ministry on the safety and security team?	☐ Yes	☐ No
▪ -If yes to the above question, would you like to meet with the team leader about this experience?	☐ Yes	☐ No
▪ Are you aware of any reason you should not serve on this team?	☐ Yes	☐ No

Church Activity

What parish/churches have you attended in the past 5 years?

Name and City/State	Pastor's Name	Date Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (other than relatives)

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Verification and Release

I recognize that my church is relying on the accuracy of the information provided on this application form. Accordingly, I attest and affirm that the information I have provided is true and correct.

I authorize the organization to contact any person or entity on this application form to ascertain information, opinions, and impressions relating to my background or qualifications.

Printed Name: _____

Signature: _____ **Date:** _____