



Greater Philadelphia Church of Christ
Children's Ministry

Initial Screening

(PLEASE PRINT LEGIBLY)

DATE: _____ REGION: HAVERTOWN NEW JERSEY NORTH UC UNITED OTHER _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

TITLE: MR MRS MS SUFFIX: _____ NICKNAME: _____ GENDER: M F

Contact Information

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____ TEXTING OK? YES NO

EMAIL ADDRESS: _____

HOW LONG HAVE YOU BEEN A MEMBER OF GPCC? _____ DATE OF BAPTISM: _____

Screening Questions

1. HAVE YOU LIVED OUTSIDE OF THE STATE OF PENNSYLVANIA IN THE LAST 10 YEARS?
(IF YES, THEN A FEDERAL CRIMINAL HISTORY CERTIFICATION IS REQUIRED) YES NO

2. ARE YOU CURRENTLY UNDER A CHARGE OR HAVE YOU BEEN CONVICTED OF A CRIME? YES NO

3. HAVE YOU BEEN DISCIPLINED FOR ANY WORK INVOLVING CHILDREN? YES NO

4. IS THERE ANYTHING ELSE (HEALTH ISSUES, JOB SCHEDULE, ETC.) THAT MAY AFFECT YOUR
SERVICE IN THE CHILDREN'S MINISTRY? IF YES, EXPLAIN. YES NO

5. DO YOU HAVE ANY CONCERNS OR APPREHENSION ABOUT SERVING IN THE CHILDREN'S
MINISTRY? YES NO

NOTE: IF YOU ANSWERED "YES" TO QUESTIONS #2 OR #3, A SECOND INTERVIEW IS REQUIRED.

APPLICANTS' SIGNATURE / DATE: _____

INTERVIEWER'S NAME: _____ SIGNATURE / DATE: _____