

4. Yes Have you ever had a protective order placed against you? If so, please list date of order, duration of order, who order was to protect, and explain circumstances surrounding placement of protective order.
 No

5. Yes Have you had any painful experience (personal abuse in any form), physical disabilities or mental health issues that have better equipped you, or may hinder you from a productive ministry? If yes, please explain.
 No

6. Yes Are there any experiences, marital struggles, addictions (drugs, alcohol, pornography, etc.), character issues (anger, integrity, etc.) or other situations that we need to be aware of as you consider leading others on their spiritual journey? If yes, please explain.
 No

I give my permission to Spring Hills Baptist Church (SHBC)/Granville Christian Academy (GCA) to obtain information relating to my criminal record and identity. The criminal history record, as received from reporting agencies, may include arrest and conviction data, plea bargains and deferred adjudications. I understand this information may be used, in part, to determine my eligibility as a volunteer here. The criminal history records check may be repeated at any time. I understand I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the records as received.

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) they may have regarding my character and fitness for serving at SHBC/GCA. In consideration of receipt and evaluation of this application by SHBC/GCA, I hereby release any individual, church, organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me on this application.

Should my application be accepted I agree to be bound by the bylaws and policies of SHBC/GCA to refrain from unscriptural conduct in the performance of my services on behalf of the church/schools.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding contract which I have read and understand.

Applicant Signature

Date

I agree to pay the Background Check Fee of \$12.00 Yes No

For individuals willing to pay the \$12.00 fee, one volunteer hour will be credited. Please make checks payable to GCA.

A background check is required every three years.

SHBC uses Secure Search Online Volunteer Screening. For more information see www.securesearchpro.com