

Security Team Application



Name: _____

Email & Phone: _____

In response to the interest you expressed in serving on the Security Team at Sunset Church of Christ, we ask that you take a moment to complete the form below. Due to the sensitive nature and responsibilities of this ministry, we cautiously and prayerfully proceed with all who would choose to become part of this team. All your information will be kept strictly confidential.

Your answers will be reviewed during your interview with the Security Team Director and Elder(s). You may be asked for clarification regarding your responses at that time.

1. Currently attend: **First Service** **Second Service** **Sunday Night** **Wednesday Night**

2. Please describe qualities or characteristics you possess, which you believe could be an asset to this ministry:

Are you a member at Sunset Church of Christ? _____

How long have you been a member? _____

4. Are you currently serving in any other ministry areas? If so, please list the area, length of time in this ministry and your existing responsibilities:

5. The Security Team has responsibilities during all the following times. Please circle the service(s), which you would prefer to serve. New additions to our team are occasionally limited based upon the service needs; so, we may ask you to serve during a time(s), which you have not indicated. (Sunday morning security shifts start 15 minutes prior to service beginning)

Sun AM [8:00] Sun AM [10:15] Sun PM [5:00] Wed PM [7:00] Special Events

6. Do you have any previous safety and/or security training or experience, whether paid or volunteer? If so, please describe:

7. Do you have any physical or other limitations which might prevent you from being able to effectively fulfill the responsibilities asked of each team member? If so, please describe:

8. List any prescribed medication you take, please indicate if daily or as needed:

9. Do you have a permit to carry a concealed weapon? Yes () No ()

10. Are you faithfully practicing the following spiritual disciplines, which are essential to obedience and growth in Christ? (*Please check all that apply*)

Daily Bible study Weekly church attendance Tithing Ministry involvement

Security Team Screening Authorization

SUNSET CHURCH OF CHRIST - CONFIDENTIAL INFORMATION FORM

The desire of the eldership is to provide the safest and most secure environment for our members. Consequently, we maintain a screening program. Anyone either presently working in or anticipating working with the Security Team Application is subject to screening. Thank you for your cooperation.

BIOGRAPHICAL INFORMATION: Email Address: _____

Legal Name _____

Current Street Address _____

	City	State	Zip
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Phone _____
(Home) (Work) (Cell)

Date of Birth ___/___/___ Marital Status: Single ___ Married ___ SS # _____ - _____ - _____

Are You a Member of Sunset Church of Christ? _____ Is Your Spouse a Member at Sunset? _____

I hereby authorize all persons, schools, organizations and law enforcement agencies to supply Sunset Church of Christ with any information concerning my character or background in connection with working with the Security Team and I hereby release them from liability or damages which may occur as a result of their response to this request.

I understand that Sunset Church of Christ will refresh its background checks every three years. I give Sunset permission to redo a background check on me if I am still a member of the congregation.

Signature: _____

Date: _____