

*California Church Extension*  
**APPLICANT QUESTIONNAIRE SUPPLEMENT**

646 West Cortner Street, Hanford, CA 93230  
Telephone 559-309-3197

The information requested on this form is required of all mission personnel who are, in the course of their ministry with California Church Extension, likely to be involved in the supervision or custody of minors (those under the age of 18). This form is used to help the mission in its endeavor to assure a safe and secure environment for those children and youth who participate in the various ministries of the churches and church plants whom we serve.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

How long: \_\_\_\_\_ (if less than 5 years, provide previous addresses up to 5 years)

Previous Address: \_\_\_\_\_

\_\_\_\_\_

How long: \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_

How long: \_\_\_\_\_

Have you ever been convicted of a criminal offense? (Exclude any convictions for which the record was by court order, expunged or statutorily erased; exclude any misdemeanor convictions for which probation has been completed or discharged **and** the case has been judicially dismissed) Yes \_\_\_ No \_\_\_ . If Yes, please explain:

Were you a victim of abuse or molestation while a minor? Yes \_\_\_ No \_\_\_

*If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the mission's Executive Director. Answering "Yes" or leaving the question unanswered, will NOT automatically disqualify an applicant.*

*(Turn to back side)*

The information contained in this application is correct to the best of my knowledge. I authorize any references or former ministries listed in the accompanying Applicant Questionnaire to give you any information (including opinions) that they may have regarding my character and fitness for ministry involving children and youth. In consideration of the receipt and evaluation of my application by California Church Extension, I hereby release any individual, church, 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 that 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 in this application.

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 agreement that I have read and understand.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

CONFIDENTIAL

# REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

Law Enforcement Agency: \_\_\_\_\_

I hereby request the above indicated law enforcement agency to release any information that pertains to any record of convictions contained in its files, or in any criminal file maintained on me whether local, state, or national. I hereby release said agency from any and all liability resulting from such disclosure.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print all aliases

\_\_\_\_\_  
Print Maiden Name, if applicable.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number

Send Records to: **California Church Extension**  
**Attention Bud Haskell (Confidential)**  
**646 West Cortner Street, Hanford, CA 93230**