CONFIDENTIAL SCREENING FORM

Child Evangelism Fellowship Inc.

This screening form is to be completed by applicants for any position, paid or volunteer, involving *CEF*® ministries and will be used to help *CEF* provide a safe and secure environment for children. This is not an employment application. Anyone interested in employment by *CEF* will also need to complete an employment application form.

(Please Print) If explanatory notes are needed, please attach separate sheet and number to correspond with question. **Date_____**

Applicant's Full Name (last, first, middle-no initials) *Identity confirmed with a photographic identification.*	**Sex**	**Date of Birth** Mo. Day Year

Social Security Number	**Maiden Name**	**All Nicknames and Alias**

Telephone **Home Cell**	**E-Mail**

Present address (Street, Apt #, City, State, Zip)	**County**

Previous Addresses (for past 5 years)

Have you ever been convicted of a crime? Yes (If yes, please explain.) No

Have you ever been accused of child abuse? Yes (If yes, please explain.) No

Please explain briefly your conversion experience. (If completing form for 5-year rescreening, skip this.)

List any experience that has prepared you for children's ministries. (If completing form for 5-year rescreening, skip this.)

References (pastor or church leader and personal, not a relative or previous employer) (If completing form for 5-year rescreening, skip this.	
NAME CHURCH ADDRESS TELEPHONE ( ) EMAIL	NAME RELATIONSHIP ADDRESS TELEPHONE ( ) EMAIL
NAME RELATIONSHIP ADDRESS TELEPHONE ( ) EMAIL	NAME RELATIONSHIP ADDRESS TELEPHONE ( ) EMAIL

***Name of School Club_____ *Name preferred on Nametag_____**