

Arkansas District Event - 2024

Background Information Authorization & Release Form (2 pages)
Arkansas Assemblies of God - 2024

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

I, _____, of _____, _____ having filed
(Applicant's name) (City) (State)
an application as a volunteer/paid worker at an event of Arkansas District of the Assemblies of God / Arkansas Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, motor vehicle records, my moral character, professional reputation, fitness for the ministry, and such further information relating to my criminal history, social security number verification, or other background checks, may be received by or reported to the Arkansas District of the Assemblies of God / Arkansas Assemblies of God, from any acceptable national background research organization. I agree to give any further information that may be required in reference to my past history.

Such reports may be obtained at any time after receipt of this Disclosure Regarding Background Investigation and Acknowledgement and Authorization and if I am selected to serve as a volunteer/paid worker, throughout the course of my volunteer service as permitted by law, and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to any outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I hereby release, discharge, and exonerate the Arkansas District of the Assemblies of God / Arkansas Assemblies of God, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of this district. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the time in which I am volunteer/paid, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by any acceptable national background research organization acting on behalf of Arkansas District of the Assemblies of God / Arkansas Assemblies of God, and/or Arkansas District Assemblies of God / Arkansas Assemblies of God itself. The Arkansas District of the Assemblies of God / Arkansas Assemblies of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

Oklahoma residents and volunteers/paid workers only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

(REQUIRED if applicant is under 18 years of age)

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PLEASE PRINT CLEARLY!

Last Name: _____ () Male () Female

First Name: _____ Middle Name/Initial: _____

Maiden Name (if applicable): _____ Other Name(s) used: _____

Date(s) of use for previous names: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

SSN: _____ - _____ - _____

Full Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Email address: _____

Notary Required

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires: _____

Notary Public Signature & Stamp Required

REQUIRED ANNUALLY FOR ALL APPLICANTS

For Office Use Only: Date Received: _____ Department: _____ Follow-Up: _____ Completed/coded to ACS: _____
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CMCR FORM 2024

Applicant MUST mail this form directly to

Arkansas District Assemblies of God, 10924 Interstate 30, Little Rock, AR 72209

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the **Arkansas Child Maltreatment Central Registry**, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

For CMCR Office Only - This information should be addressed to:

Arkansas District Council of the Assemblies of God, Inc. Attn: Student Ministries Dept.
10924 I-30, Little Rock, AR 72209

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Applicant's Email Address

Race Age/DOB

Full Name/DOB children

Present Address:

Full Name/DOB children

From _____ to _____

Past address:

Has the applicant lived out of state in the past 5 years? _____

From _____ to _____

From _____ to _____

Applicant's Signature

From _____ to _____

County of _____ State of _____

Acknowledges before me this _____ day of _____, 20_____.

My commission expires: _____

**Notary Public
(REQUIRED)**

ARKANSAS ASSEMBLIES OF GOD
MINISTRY COVENANT AND AGREEMENT

I acknowledge that I have **watched the video** for the Camp Staff Manual and Policy Statements of the AR District Council of the Assemblies of God. I acknowledge full agreement with said policies and state that I will totally adhere to them, conform to them and uphold them. I understand that at any time I may be asked to relinquish my staff positions due to lack of regard for or lack of diligence in fulfilling said policies.

I acknowledge my responsibility to report any and all suspicions and knowledge of the Camp Director.

I covenant to at all times represent myself in a Christ-like manner to the students that I am ministering to at Camp. I commit myself to a demonstration of a spirit of excellence and an appropriate representation of the Gospel of Christ.

I acknowledge my responsibility to care for and minister to those students I am given charge over, as well as, any other student, leader, or volunteer during Camp. I will strive at all times to see that they are treated with the utmost respect, consideration and care. AR District Kids Ministries and Youth Ministries will not tolerate any behavior that demeans, belittles, or injures in any way students, leaders or staff. I acknowledge that by assuming the role of a staff person at Camp that I am acknowledging and affirming my responsibility to encourage, lift up and minister to the students, leaders and staff.

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone :() _____ Alternate :() _____

Online Video Training Code (only list one code)

Returning Applicant: _____

First-Year Applicant: _____

Signature

Date

**This form MUST be returned to the AR District Office postmarked by
March 28, 2024 (Youth Camp) & April 4, 2024 (Kids Camp).**