

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.

Date _____

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

Applicant's Name (last, first, middle)		Sex	Date of Birth	
			Mo.	Day
			Year	
<input type="checkbox"/> <i>Identity confirmed with a photographic identification.</i>				
Social Security Number	Maiden Name	All Nicknames and Alias		Telephone ()
Present address (Street, Apt #, City, State, Zip)				County
Previous Addresses (for past 5 years)				
Please explain briefly your conversion experience?				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes (If yes, please explain.) <input type="checkbox"/> No				
Have you ever been accused of child abuse? <input type="checkbox"/> Yes (If yes, please explain.) <input type="checkbox"/> No				
List any experience that has prepared you for children's ministries.				
References (pastor or church leader and personal, not a relative or previous employer)				
NAME		NAME		
CHURCH		RELATIONSHIP		
ADDRESS		ADDRESS		
TELEPHONE ()		TELEPHONE ()		
EMAIL		EMAIL		
NAME		NAME		
RELATIONSHIP		RELATIONSHIP		
ADDRESS		ADDRESS		
TELEPHONE ()		TELEPHONE ()		
EMAIL		EMAIL		