



# Legacy Church - Knoxville

## VOLUNTEER APPLICATION & BACKGROUND CHECK AUTHORIZATION

- CONFIDENTIAL -

This application is to be kept confidential. After you have completed it, please deliver it in an sealed envelope or email it directly to the Director of Church Administration ([rebecca@legacyknoxville.com](mailto:rebecca@legacyknoxville.com)). The results of this background check will be kept confidential, and only approved church Leadership will be able to view the results. If you have questions about this application, please contact the Director of Church Administration, **Rebecca Gentry**, or the Pastor of Operations, **Scott Roberts** ([scott@legacyknoxville.com](mailto:scott@legacyknoxville.com)).

### Personal Information

Date \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Full Address \_\_\_\_\_

Perm. Address, if different \_\_\_\_\_

Home Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_ Office Ph # \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \* Please **DO NOT** include. \*

\* While your Social Security Number (SSN), along with other pertinent personal information, is **required** for your Background Check (BGC), we want to insure that your personal information remains as confidential as reasonably possible. Therefore, you will receive an email from Legacy Church containing a confidential link to "CheckR" services ([CheckR.com](http://CheckR.com)). CheckR will collect all necessary personal information required to complete your BGC, while maintaining your private information in a confidential manner using strict industry information encryption standards. CheckR will then provide Legacy Church with only the final results of your completed BGC.

Marital Status (Please Circle):

Single      Married      Engaged      Widowed      Separated      Divorced

Your Age Range (Please Circle):      Under 18      18-25      Over 25

### Church Activity

Legacy Church Partner (Please Circle):      Yes                  No

Date of Partnership Interview: \_\_\_\_\_

COM Group you attend: \_\_\_\_\_

If less than six months, prior COM Group/s you have attended: \_\_\_\_\_

What church or churches have you attended in the past five (5) years:

Church Name	Church Location	Pastor's Name	Years Attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all previous church ministries in which you have been involved:

Organization	Program	Dates	Contact
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please answer these questions (Please Circle):



Name

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Address

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Phone/s

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Name

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Address

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Phone/s

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Non-Partner of Legacy Church:

Name

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Address

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Phone/s

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**Applicant's Statement**

I recognize that Legacy Church - Knoxville is relying on the information contained in this application to evaluate and approve my request to participate as a volunteer in its church ministries. Accordingly, I attest and affirm that all of the information I have provided is absolutely true and correct.

I authorize any references and representatives of previous churches and employers listed in this application to give you any information (including opinions) that they may have regarding my character and fitness to be involved with church volunteer roles including finances, operations, safety, or security. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

I voluntarily consent to a national criminal background check to be done at the discretion of Legacy Church - Knoxville. Further, I authorize Legacy Church - Knoxville to upgrade/update any previously obtained Legacy Church related BGC (Background Check) if deemed necessary by the church Elder Board and/or prior to my assuming any new, redefined, or future church volunteer role. I understand that a newly signed & dated **“Applicant’s Statement”** authorizing a new BGC will be obtained prior to my assuming such role(s) and/or at the request of the Legacy Church Elder Board.

Should my application be accepted, I agree to be bound by the policies of Legacy Church - Knoxville.

Applicant’s Printed Name \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CHURCH USE ONLY	
Elder Application Approval by:	
Printed Elder’s Name _____	
Elder’s Signature _____	Date _____