

Kreek Kids Ministry...
a Co-op Family Venture!

AC3 Children's Ministry
Co-op Parent Agreement
& Background Authorization

Confidential

Kreek Kids (0-4th grades) depend on the co-operative efforts of AC3 parents and children's ministry volunteers, working together to provide safe, creative and faith building environments for families attending weekend services. **If you have attended AC3 six months or more**, we look forward to partnering with you on your family's spiritual journey! Please contact Twila Crain 360-659-7335 with any questions you might have.

This agreement and background authorization form is to be completed by all co-op parents involved in the supervision and/or custody of minors. Thank you for helping our church to provide a safe and secure environment for children and students who participate in our programs and use our facilities.

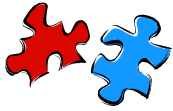
Please check TWO or more desired ministry areas you may be interested in: Co-op Once-a-Month Substitute
 Behind-the-Scenes Support Role (mid- week) Nursery/Toddlers – 0-3 year olds PreK/K – 4-6 year olds
 Non-Classroom Support Role (during a weekend service) Elementary 1st–4th grades Co-op Leadership Team

2010 co-op parent openings are posted on the Kreek Kids Co-op Bulletin Board as well as at:

http://ac3.org/n/files/10entryco_op020371647.pdf

| | | | | |
|--|------|-------|-------------------------|------------------|
| Basic Information | | | | |
| | | | | Date _____ |
| Name _____ | | | | Birth Date _____ |
| First | MI | Last | | |
| Address _____ | | | | |
| Street Address | City | State | Zip | |
| Phone numbers _____ | | | | |
| Home | Work | Cell | | |
| Email _____ | | | Driver's License# _____ | |
| (Please attach copy of drivers license. Copy can be made free at AC3.) | | | | |
| Emergency contact _____ | | | Phone _____ | |
| (name and relationship) | | | | |

| | | |
|---------------------------------|----------|--|
| Family/Personal Data | | Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| If married, spouse's name _____ | | Are they an active participant at AC3? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Children's names and ages: | | |
| 1. _____ | 4. _____ | |
| 2. _____ | 5. _____ | |
| 3. _____ | 6. _____ | |



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Are you currently taking any medication prescribed by a doctor for physical or other conditions that we should know about for your safety? Yes No If yes, explain.

Is there anything in your past or current lifestyle that might be a problem if we found out about it later? Yes No
If yes, please contact our Kreek Kids Director to discuss circumstances. Twila Crain 360-659-7335

Agreement/Authorization

I, the undersigned, give my authorization to Allen Creek Community Church representatives to verify the information on these forms. By signing this agreement and authorization, I agree to the following:

1. During my time as a co-op parent and volunteer, I will do my best to support any department rules, procedures, and policies.
2. I understand as a co-op volunteer that all personal and contact information regarding all AC3 students, families, staff is strictly confidential.
3. I will promptly report any information disclosed to me concerning a child's safety directly to the Kreek Kids Director, Executive or Senior Pastor at Allen Creek Community Church.
4. I understand that AC3 may request background reports in order to verify my suitability as a co-op parent volunteer. I hereby request and submit to AC3's background checks on myself from the (state) Department of Social Services and any other local, state or national agencies deemed necessary. There will be no costs for these requests to co-op parent or volunteers.

The information contained in this application is correct to the best of my knowledge. I hereby release AC3 and it's employees, 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, because of compliance or any attempts to comply, with this authorization.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND APPLICATION AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

| | | | |
|---------------------------------|-----------------------|----------------------|------|
| Signature | Date | Witness | Date |
| Print name | (Include middle name) | Print all aliases | |
| Print maiden name if applicable | Print date of birth | Print Place of birth | |

Please attach a copy of your Washington State Driver's License and return to AC3 office. Attention: Twila Crain

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WASHINGTON STATE PATROL
Identification and Criminal History Section / PO Box 42633, Olympia WA 98504-2633
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

Office Only – Record sent to applicable agencies and verified by: _____ Date _____