

Leadership Application

Leading

A CHC Leader is an officially recognized owner and implementer and is accountable for leading others and teams in alignment with the vision of the church, and who intentionally and passionately give ministry away to others. As Christ followers we are called to share God's love by participating in the ministry of Jesus in His church and in the word. Coast Hills' leaders are fulfilling this call to lead, as they have been gifted, for a role to which God has called them.

Instructions

Please read and complete the entire form (pages 1-5). Some of the questions are personal, but necessary to establish your eligibility/fit to lead. You will have an opportunity to discuss your answers confidentially with a Ministry Leader. All information contained in this application is confidential and will not be shared with anyone outside of Coast Hills Church leadership.

Requirements for All Leaders

The following are mandated requirements for any and all potential leaders:

- Must profess and actively display a faith in Jesus Christ as their Lord and Savior.
- Must Attend Coast Hills Church and agree with its statement of faith.
- Must willingly honor and follow the leadership of the church and the ministry area in which you serve.
- Must agree to a mandated background check (ministry specific).
- Must be in obedience to God's commands regarding sexual purity within the boundaries of marriage (premarital, extramarital, homosexual, etc.), Marriage defined as: a union between one man and one woman.
- Cannot be in the midst of relational turmoil with spouse, ex-spouse or family member.
- Cannot be using any illegal drugs or abusing substances of any kind.
- If in recovery from an addiction, must be at least one year clean and sober.

CONTACT INFORMATION

NAME: _____

STREET ADDRESS: _____

CITY/ZIP/STATE: _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____ MARITAL STATUS: Single Married Divorced Widowed

GENDER: Male Female

MINISTRY YOU ARE INTERESTED IN SERVING WITH: _____

SPIRITUAL JOURNEY

If needed, please use a separate piece of paper to answer the following questions:

Have you accepted Jesus Christ as your Savior? Yes No

Did you express this through baptism? Yes No

Share a brief testimony about how you came to know and follow Jesus Christ (include date).

Share briefly about significant events in your life that have impacted your spiritual and emotional growth.

Describe your day-to-day relationship with the Trinity:

Describe the ways you are invested in community (Life Group, Men's or Women's group, other):

MINISTRY EXPERIENCE

If needed, please use a separate piece of paper to answer the following questions:

How long have you attended Coast Hills Church? _____

Do you participate in the weekend worship services? No Yes

Have you completed Rooted? No Yes

Are you part of a LIFE Group? No Yes

What spiritual gifts have been confirmed in you, and how would you like to use them in this ministry?

Why do you want to serve within this ministry?

Have you ever been removed from leadership or from serving at any church? No Yes. Explain _____

What are some expectations you have for this ministry?

PERSONAL LIFE

If needed, please use a separate piece of paper to answer the following questions.

Are you currently involved in any lifestyle choices that would either disqualify you for spiritual leadership or cause someone to question your integrity or ability to spiritually lead others? No Yes. Explain _____

Do you struggle with integrity regarding your sexual conduct? No Yes. Explain _____
(i.e. engage in affairs, pornography, difficulty maintaining purity if single, etc.)

Are there any broken or impure relationships in your life? No Yes. Explain _____

Have you ever been arrested or convicted for any criminal act? No Yes. Explain _____

Have you ever been accused of, charged with, alleged to have, or ever committed any act of neglecting, abusing, molesting, or battering any child or adult (including a spouse)? No Yes. Explain _____

In the last year, have you been hospitalized, treated for, or struggled with alcohol/substance abuse?
 No Yes. Explain _____

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? No Yes. Explain _____

REFERENCES

Each reference must meet each of the following criteria:

- Be at least 18 years old
- Has definite knowledge of your character
- Has seen your interaction in capacity you are volunteering for
- Is not related to you
- Has known you for a minimum of one year

Personal Reference:

Name: _____ Contact Phone: _____

Nature of Relationship: _____

Ministry Reference -- *Should be a church staff member or leader (if less than a year at CHC, please provide previous church staff member or leader information):*

Name: _____ Contact Phone: _____

Nature of Relationship: _____

APPLICANT STATEMENT

I have received, read, understand and I am in agreement with the Coast Hills Church Statement of Faith

Yes No If no, please explain:

Leadership is a privilege. Any leadership issue that arises regarding your personal or public life that does not reflect a Godly life, or that could create conflict, controversy, or distract from the primary purpose of the ministry of Coast Hills, may be reviewed by the Leadership and Elders of Coast Hills. If the Leadership determines for any reason, at any time, that these issues are not in the best interest of the Body, you may be asked to step down.

Are you willing to submit to the authority of the Elders, Pastors and Ministry Directors at Coast Hills? Yes No

The information contained in this application is correct to the best of my knowledge. I authorize Coast Hills Church or its representatives to contact my references and appropriate government agencies in order to verify my character and suitability for volunteering in this role. To uphold the confidentiality of the references, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Coast Hills Community Church to inquire about information provided about me. Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me, whether local, state or federal. I hereby release local, state and federal law enforcement agencies from any and all liability resulting from such disclosures.

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

Applicant's Signature: _____ Date: _____

STAFF USE ONLY

Interviewed by: _____ Title _____ Date _____

Approved by: Ministry Leader Signature: _____ Date _____

Approved by: Ministry Staff Signature: _____ Date _____



CONFIDENTIALITY & PRIVACY AGREEMENT

Member & Database Information

I understand that all information concerning members of Coast Hills is confidential. All printed records are confidential. The term "members" for purposes of this non-disclosure includes anyone in the Coast Hills database, including but not limited to the Fellowship One database.

The information covered by this agreement shall include, but is not limited to:

- Name of Members
- Any identifying information personal to the member including:
 - o Address
 - o Phone numbers
 - o Email address
 - o Names of children
 - o Groups assigned
 - o Financial information
 - o Attributes
 - o Notes
 - o Events

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I understand and agree to the following:

1. I will only access, use, and disclose confidential information that I have authorization to access, use, and disclose.
2. I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized by the Operations Department at Coast Hills Church.

For those with access to the church database, because my User Name and Password are the equivalent of my signature and because I am the only person authorized to use them, I agree to the following:

1. I will safeguard and not disclose my password, access code or any other authorizations I have that allow me to access confidential information.
1. I will not request access to or use any other person's password or access code.
2. I will accept responsibility for all activities undertaken using my password, access code, and other authorizations.
3. I understand and accept that I have no individual rights to or ownership interests in any confidential information accessed through the database. Therefore, Coast Hills Church may at any time revoke any passwords or access codes that may have been assigned to me.
4. It is my responsibility to log out of the system to which I am logged on. I will not under any circumstances leave unattended a computer to which I have logged on without first either locking it or logging off the workstation.
5. If I have reason to believe that the confidentiality of my password has been compromised, I will request a new password through the Operations Department at Coast Hills.

This agreement covers all Coast Hills Church employees and volunteers who shall maintain the confidentiality of member information. No volunteer shall log into the database to access member information outside of any Coast Hills office, including any satellite office or approved offsite facility without expressed permission from a member of the Operations Department.

I understand and agree to abide by the above statement of non-disclosure.

My signature below indicates that I have read, accept, and agree to abide by all the terms and conditions of this Agreement and agree to be bound by it.

Printed Name

Date

Signature

Title/Position/Ministry Department



CONFIDENTIAL

Background Check Authorization

Print Name: _____ (First) (Middle) (Last)

Former or other Name(s) & Dates Used: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Driver's License Number: _____ State Issued: _____

Email: _____

Current Address Since: _____ (Mo/Yr) (Complete Address) (City) (State) (Zip Code)

Previous Address From: _____ (Mo/Yr) (Complete Address) (City) (State) (Zip Code)

Previous Address From: _____ (Mo/Yr) (Complete Address) (City) (State) (Zip Code)

The information contained in this application is correct to the best of my knowledge. I hereby authorize Coast Hills Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports (only for positions with fiduciary responsibilities or managerial positions), current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Coast Hills Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Coast Hills Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

I also authorize Coast Hills Church to rerun my background check every three years or as needed as long as I am a current volunteer or employee.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents: Please check the box below if you wish to receive a copy of a consumer report that is requested. [] I wish to receive a copy of any Background Check Report on me that is requested.

Ministry Requesting Background Check: _____

Date Ran: _____ Report ID: _____ Report Ran by: _____

**CALIFORNIA
A Summary of Your Rights
Under California Law**

Under California law, you are entitled, upon presentation of proper identification (*), to find out from an investigative "consumer reporting agency" ("CRA") what is in your file, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice;
2. By obtaining a summary of it via telephone call, if you have made a written request, with proper identification, for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by you or charged directly to you; or
3. By requesting in writing, with proper identification, that a copy of it be sent to a specified addressee by certified mail.

Investigative CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative CRAs. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file. The investigative CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you.

This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An investigative CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

(*) The term "proper identification" as used above shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described herein, may an investigative CRA require additional information concerning your employment and personal or family history in order to verify your identity.

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs and creditors	California Attorney General's Office Public Inquiry Unit P.O. Box 944255 Sacramento, CA 94244-2550 * 800-952-5225
CRAs and creditors	California Department of Consumer Affairs 400 R Street, Suite 1080 Sacramento, CA 95814 * 800-952-5210

*Para informacion en espanol, visite www.consumerfinance.gov/learnmore
o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to**

www.consumerfinance.gov/learnmore

or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **You must be told if information in your file has been used against you.**
Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

FAMILY LIFE MINISTRIES CHILD ABUSE REPORTING POLICY AND PROCEDURES

Policy

All Family Life Ministries Staff and Volunteers who are involved with students will immediately report any reasonable suspicion of child abuse of which they have knowledge or observe within the scope of their duties.

Procedures

1. Staff or Volunteers will immediately complete the Suspicion of Child Abuse Form and report any reasonable suspicion of child abuse or neglect. Reasonable suspicion includes but is not limited to:
 - a. An inordinate number of injuries such as bruises on a minor's body over a period of time.
 - b. Serious unexplained injuries such as hair missing, a burn, or a noticeable limp.
 - c. Drawings of abuse in conjunction with verbal testimony from the minor.
 - d. Prayer requests or written statements alluding to abuse.
 - e. Verbal testimony of the minor child.
2. Upon notification, the Director over your ministry area will immediately report the suspicion to a member of the Pastoral Leadership Team (PLT).
3. The PLT member will notify the Director of Operations and together will determine if the Board of Elders needs to be notified as well. An immediate internal investigation will take place and a determination will be made as to whether or not it is appropriate to contact Child Protective Services or the local police.
4. Reports to Child Protective Services (if the alleged perpetrator is a family member of the victim) or to local police (if the alleged perpetrator is not a family member of the victim) will be made within 24 hours after the suspicion is brought to the attention of the Operations Team and Board of Elders.
5. Child Protective Services (or the police) will always be contacted in the following circumstances:
 - a. A child requests immediate protection or police contact.
 - b. A child expresses an overwhelming fear or anxiety about returning home with the parent or guardian who brought them.
 - c. Physical signs that may indicate life-threatening abuse such as strangulation marks.
 - d. The Suspicion of Abuse Report and internal investigation reveals possible abuse.
6. If a report is filed with Child Protective Services or the police, every effort will be made to:
 - a. Cooperate with their investigation through the immediate parties involved.
 - b. Provide communication at the appropriate time to the appropriate people as determined by the Board of Elders, the Operations Team, and church legal professionals.
 - c. Remain in contact with the family to provide follow-up support and assistance.
7. If the alleged perpetrator is a CHC Staff Member or Volunteer, a member of PLT or the Board of Elders will immediately notify them of the allegation and suspend them from their duties, pending investigation.
8. All parties to the circumstances and investigation will maintain complete confidentiality to protect the children involved and the integrity of the investigation.
 - a. All questions and media inquires will be directed to the Director of Organizational Development.
9. Appropriate Leadership will contact the church insurance carrier to report the allegations as soon as is reasonably possible, not later than 48 hours after the Suspicion of Child Abuse Report is submitted.
10. Failure to report a suspicion of child abuse by a Coast Hills staff member will result in discipline up to and including termination of employment.

SUSPICION OF CHILD ABUSE REPORT

Directions: Please print or type the information requested. Give the form immediately to a member of Executive Leadership upon suspicion of child abuse.

General Information	Minor's Information/Incident
Your Name:	Minor's Name:
Your Title:	Address:
Phone Extension:	Phone:
Other Phone:	Present Location of Minor:
Parent/Guardian who dropped off the minor:	Sex: Male Female
How did the information become known to you?	Birth Date: Age:
Any siblings you're aware of (list)?	Date/Time of Incident:
Does the alleged perpetrator have current access to the minor(s)?	City where incident occurred:
Relationship of alleged perpetrator:	Location where incident occurred:

Type of abuse: Sexual _____ Physical _____ Neglect _____ Emotional _____

Other _____

Fully describe the nature and extent of the abuse (be behaviorally specific and avoid general or vague terms):

Describe any current injuries (size, location, color)

Acknowledgement of Family Life Abuse Prevention Policy and Procedures

I have read and I understand the Abuse Prevention Policy and Procedures at Coast Hills Church. I agree to abide by these regulations and I understand that my choices and conduct directly impact the Gospel message of Jesus Christ, Coast Hills Church, and most importantly, the life of the students for whom I am accepting responsibility. I willing submit to the spiritual authority of the Family Life staff and Coast Hills Leadership.

I understand that a church community is built on trust and I agree not to violate that trust and abuse my authority to take advantage of any student. I also understand that as a Church Volunteer or Staff Member that there may be opportunities outside of church-sponsored activities where I am with students from church and I understand that the expectation is that my behavior in these circumstances would also comply with these policy and procedures as it is a reflection on our church body and the Gospel of Christ.

Signed Acknowledgement of Family Life Child Abuse Awareness Policy

Name (Print) _____

Signature _____

Date: _____

Position (circle one):

Staff Member Volunteer Leader Volunteer Helper Other _____