



**TEEN CHALLENGE OF THE UPPER CUMBERLAND**

760 Rickman Rd., Livingston, TN 38570

1-888-688-0470 - FAX 1-888-221-4764 - [www.teenchallengeuc.org](http://www.teenchallengeuc.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Referred by: \_\_\_\_\_

What days/times are you available: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Do you have a valid driver's license? Yes / No

Please list all driving violations within the past 7 years? \_\_\_\_\_

Have you sought treatment for, or been arrested for any offense involving alcohol or illegal drug use in the past three years? Yes / No If yes, explain \_\_\_\_\_

Have you ever been convicted of a criminal offense (not including traffic violations)? Yes / No

If yes, please list all convictions and an explanation. *Answering yes will not necessarily exclude you from consideration.* \_\_\_\_\_

Are you able to refrain from tobacco use during volunteer hours? Yes / No

*TCUC strictly prohibits all tobacco use during working hours, and at anytime within sight of TCUC property.*

Why do you want to serve in this ministry? \_\_\_\_\_

Do you have any special skills, talents, or gifts that might be beneficial to TCUC? \_\_\_\_\_

Have you ever volunteered/worked for any Teen Challenge before? If so, when and where? \_\_\_\_\_

**EDUCATIONAL** Do you have a high school diploma, or equivalent? Yes / No

Did you attend college, vocational school, or bible training? Yes / No Did you graduate? Yes / No

If yes, what degree/course of study was completed? \_\_\_\_\_

**RELEVANT VOLUNTEER EXPERIENCE**

Organization	Position/Major Responsibility	Dates of service
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL BACKGROUND**

Are you a Christian? Yes / No If yes, what church do you attend?

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*Please submit a recommendation letter from your pastor with this completed volunteer application.**



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## Reference Check Permission Form

I, \_\_\_\_\_, give **Teen Challenge of the Upper Cumberland** permission to contact the references listed below to discuss my suitability as a **volunteer ministry worker**.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

List three persons who have knowledge of your qualifications. The first reference should be a person who is in a position of "spiritual leadership" in your life who is familiar with your spiritual development. The next two references should be people you know through different relationships and/or situations. For example:, a friend or an employer (paid or volunteer position). Ideally the three references that you provide should come from each of these categories. Please ensure that one of the two non-family references has known you for at least 2 years.

### Reference One

**Name:** \_\_\_\_\_  
*first initial last*

**Address:** \_\_\_\_\_  
*number street Apt No., Unit No., P.O Box*  
\_\_\_\_\_  
*City/Town Postal Code:*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to call? AM / PM Cell #: \_\_\_\_\_

**Relationship to the candidate:** \_\_\_\_\_ **Length of relationship:** \_\_\_\_\_

### Reference Two

**Name:** \_\_\_\_\_  
*first initial last*

**Address:** \_\_\_\_\_  
*number street Apt No., Unit No., P.O Box*  
\_\_\_\_\_  
*City/Town Postal Code:*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to call? AM / PM Cell #: \_\_\_\_\_

**Relationship to the candidate:** \_\_\_\_\_ **Length of relationship:** \_\_\_\_\_

### Reference Three

**Name:** \_\_\_\_\_  
*first initial last*

**Address:** \_\_\_\_\_  
*number street Apt No., Unit No., P.O Box*  
\_\_\_\_\_  
*City/Town Postal Code:*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to call? AM / PM Cell #: \_\_\_\_\_

**Relationship to the candidate:** \_\_\_\_\_ **Length of relationship:** \_\_\_\_\_



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## REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

I: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, Teen Challenge of the Upper Cumberland will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to Teen Challenge of the Upper Cumberland. Teen Challenge of the Upper Cumberland uses *Backgrounds Online*, a consumer-reporting agency, as an agent to perform background verifications.

*Backgrounds Online* will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Teen Challenge of the Upper Cumberland and *Backgrounds Online*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Teen Challenge of the Upper Cumberland if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Teen Challenge of the Upper Cumberland. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *Backgrounds Online*, 1915 21<sup>ST</sup> Street, Sacramento, CA 95811, phone: 800-838-4804. *Backgrounds Online's* website may be found at <http://www.backgroundsonline.com>

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE Teen Challenge of the Upper Cumberland AND ITS AGENTS, BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

California, Minnesota and Oklahoma Applicants only:  
Check box if you request a copy of any consumer report ordered on you.

Signed \_\_\_\_\_

Today's Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Position Applied For \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Driver's License Number State

Other names you have used or are also known as: \_\_\_\_\_

### PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

May we contact your current employer? \_\_\_\_Yes \_\_\_\_No



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**PLEASE READ CAREFULLY. A CHECK IN EACH BOX INDICATES AGREEMENT.**

- I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times be affirmed by Teen Challenge of the Upper Cumberland through its screening process.
- I understand that an appointment to this ministry requires that I provide three references and a background records check by Accufax as part of the screening process.
- I understand that in accepting a volunteer ministry position, I am committing myself to act in compliance with the beliefs, values, policies, and processes of Teen Challenge of the Upper Cumberland.
- I understand that a substantial percentage of participants in the Teen Challenge of the Upper Cumberland program have criminal backgrounds and that I assume all related risks in providing services to these individuals. I hereby release and discharge Teen Challenge of the Upper Cumberland from liability with regard to any damages, losses, or injuries sustained by me arising out of, or relating to my volunteering with Teen Challenge of the Upper Cumberland.
- I have read and understand the Teen Challenge of the Upper Cumberland volunteer guidelines and agree to abide by them while serving as a volunteer.
- I understand that training and accountability are key support for my volunteer position. Therefore, I will attend training, as required by the position.
- I understand that I am freely entering into this volunteer arrangement and that I will receive no pay or benefits such as medical insurance or worker's compensation insurance in exchange for my volunteering.
- I know that Teen Challenge of the Upper Cumberland will maintain a file on persons filling volunteer positions. This information is confidential and will be kept in a secure location.

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Signature of Applicant

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Date