



P.O. Box 31045
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Toll Phone (877) 218-4247 or Cellphone: (252) 717-9600
www.con2007.org www.cun2015.org

Churches Outreach Network

Community Unity Network

Ministry / Department Interest _____

Fee: \$125.00 Per Year (Renewal March 1st)

Applicant's Information

Ministry Name: _____

First Name: _____ Last Name: _____ M.I. _____

(Person in Charge of Ministry)

Date of Birth: ____-____-____ Sex: _____ Race: _____

Phone _____-_____-_____ Mobile Phone: _____-_____-_____

E-mail address: _____

Website address: _____

Address: _____

City/County: _____ State: _____ Zip Code: _____

Church /Ministry information

Is your Ministry currently active? Yes No

Date Ministry became active: _____

Type of Ministry: _____

Why are you looking to be a Partner with Churches Outreach Network?

What are your hobbies/skills?

List any other volunteer experience

Are you involved in any other professional organizations, churches, or community organization? If so, specify.

Church/Organization/: _____

Pastor or Name of Person in who is heading this ministry:

Phone Number: _____-_____-_____

Updated2016

Criminal Record Check Form

Please answer the following questions concerning your past history?

(Check all that apply): **THIS INFORMATION IS STRICTLY CONFIDENTIAL**

1. Have you ever been...?

- a. Convicted of a misdemeanor? Not necessary to include minor traffic infractions. Yes No
- b. Convicted of a worthless check(s) (if you have paid off a check at a Magistrate's Office or a Courthouse, this falls under the category of a worthless check) Yes No
- c. Convicted of any DWI's (Driving While Impaired)? Yes No
- d. Convicted of a violation or violations of any drug laws, the Controlled Substances Act of North Carolina or similar laws of any state or nation? Yes No
- e. Convicted of any crimes of violence such as assault, harassment, communicating threats? Yes No
- f. Convicted of a felony? Yes No
- g. Convicted of any crime involving child abuse, child neglect, or indecent liberties with a minor? Yes No
- h. Convicted of a violation or violations of a Professional Practice Act? Yes No

IF THE ANSWER TO ANY OF THE FOREGOING QUESTIONS IS "YES", PLEASE BRIEFLY EXPLAIN BELOW.

Date of Conviction: _____

State: _____ County: _____

Conviction: (Crime(s) for which you were convicted): _____

Explain (optional):

Date of Conviction: _____

State: _____ County: _____

Conviction: (Crime(s) for which you were convicted): _____

Explain (optional):

If additional space is needed, you may use the back of the page.

By initialing, I acknowledge that the information I have provided is true and accurate.

Initial here: _____

Date: _____

OFFICE USE ONLY:

APPROVED BY: _____

DATE APPROVED: _____

MINISTRY ASSIGNED TO:

DATE ASSIGNED: _____