



Please briefly share your testimony of how you came to know Christ. Also share why you want to volunteer and work with kids at The Gate.

---

---

---

### HISTORY INFORMATION

Have you volunteered at The Gate before? Yes/No \_\_\_\_\_

Have you ever pled guilty, or been convicted of a felony in a state or federal court? Yes/No \_\_\_\_\_

Date and state offense/conviction occurred \_\_\_\_\_

If yes, provide a detailed description of conviction \_\_\_\_\_

---

Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court? Yes/No \_\_\_\_\_

Date and state offense/misdemeanor occurred \_\_\_\_\_

If yes, provide a detailed description of the conviction \_\_\_\_\_

---

Are you on the sexual offender registry? Yes/No \_\_\_\_\_ Child abuse registry? Yes/No \_\_\_\_\_

If yes to either, please provide a detailed description of the cause of your inclusion on the registry.

---

Are you the subject of a current criminal investigation or have pending charges against you? Yes/ No \_\_\_\_\_

Date and state where the investigation is ongoing \_\_\_\_\_

If yes, provide a detailed description of the investigation or pending charges.

---

The Gate reserves the right to approve or deny any volunteer upon the review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information or information contradicting the background check information is grounds for immediate volunteer denial from The Gate's program.

By signing your signature to this form, you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_