CHURCH SECURITY TEAM APPLICATION FORM

| Date: | | | | | |
|---|---------------------|--------------------|-------------------|---------------------|-----------------|
| Full Name: | | | | | |
| Cell Phone: | | | | | |
| Address: | | | | | |
| City: | | | | | |
| Email: | | | | | |
| Are you a member of | | | | | |
| Why do you want to | be a part of the se | ecurity team? | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| What is your definition | | | | | |
| | | | | | |
| Have you been in a sl If so, please explain: | heepdog position | n before such as M | ilitary, Law Enfo | rcement, or Securit | ty? Yes/No |
| | | | | | |
| All team members are willing to attend class | | | R card. Do you ha | eve a current CPR c | eard or are you |
| All team members are have a current WA C | | sess a current Was | shington State Co | ncealed Pistol Lice | ense. Do you |

| Do you have any formal traini | ng? Handgun or other? Yes / No | | | | |
|---|--|--|--|--|--|
| If so, please explain: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | le / Divorced / Widowed / Separated | | | | |
| If married, have you talked to time with them to serve on the | your spouse about becoming a part of the team? That is, sacrificing service team. Yes / No | | | | |
| Are you willing to go through | initial training? Yes / No | | | | |
| Are you willing to attend mon | thly security meetings and training? Yes / No | | | | |
| Can you commit to one year o | n the team? Yes / No | | | | |
| Are you willing to fill in when | necessary upon a moment's notice? Yes / No | | | | |
| professionally. No one outside | re the security team conducts security business efficiently and of the team can know what we do, tools and equipment that we have, cannot disclose any information to anyone that is not on the team. Is this ere to? Yes / No | | | | |
| References | | | | | |
| (1) Name: | | | | | |
| Relationship to you: | | | | | |
| Length of time known: | | | | | |
| Home Phone: | Work Phone: | | | | |
| (2) Name: | | | | | |
| | | | | | |
| Length of time known: | | | | | |
| Home Phone: | Work Phone: | | | | |
| (3) Name: | | | | | |
| | | | | | |
| Length of time known: | | | | | |

| Home Phone: | Work Phone: | |
|--------------------------|-------------|---|
| check. The background of | • | ecessary that you are able clear a background that you are a good fit for the team. Are you |
| Applicant's Signature: _ | | |
| Date: | | |