

**CENTRAL TENNESSEE VIDA NUEVA
TEAM MEMBER APPLICATION TO SERVE**

PLEASE PRINT CLEARLY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

E-MAIL ADDRESS: _____

CHURCH _____ WEEKEND ATTENDED _____

Previous Service Areas

Weekend	Position

Use extra space on back if necessary to list additional positions. If you have previously completed your service areas for CTVN, you may write "on file".

For Youth Team Members

Age _____ Birthdate _____ / _____ / _____ T-SHIRT SIZE _____

SCHOOL (Currently Attending) _____

EXPECTED GRADUATION YEAR _____ BIRTHDATE _____

PARENT NAME & PHONE: _____

18 and over Team Members, please complete the back side.
18 and over Team Members

Have you ever been convicted of a crime? yes or no
Offense _____ State _____ Country _____
When _____

At the request of the Insurance providers, CTVN Inc. is now requesting the right to complete background checks on all team members 18 years of age and older. Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize CTVN Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the volunteer position within CTVN Inc. organization. I understand that CTVN Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the CTVN Inc.'s choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application to serve will not be processed further.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date: _____

Printed: _____