



ACMA Membership Application Including Background Screening

Office Use Only
_____ Approved
_____ Signed
_____ Date

Personal Information

Title: Ms. Miss Mr. Mrs. Dr.

Name _____

Suffix _____ Gender: M F

Home Phone _____ Cell Phone _____

Address _____
street city state zip

Birth Date _____ *Social Security # _____
**needed to submit background check*

Preferred Email _____

Highest Degree/Area _____

School/University/Seminary _____

Graduation Date _____

Church or Ministry Information (This will be used as your primary contact information)

Church Name _____

Address _____
street city state zip

Church Phone _____ Your Phone/Ext. _____

Fax _____ Website _____

Sr. Pastor's Name _____

Your Position _____

Total Years in Children's Ministry _____ Years Compensated in Children's Ministry _____

I attest:
<input type="checkbox"/> I have never had a sexual failure involving a minor
<input type="checkbox"/> I meet the requirements for ACMA Membership
<input type="checkbox"/> I agree with the ACMA Statement of Faith
<input type="checkbox"/> I will uphold the Standards of Excellence as set forth in the ACMA Membership Requirements

The information in this application is correct to the best of my knowledge. I authorize a criminal background check and the release of any information that pertains to any record of conviction on me whether local, state or national.

Signature

Date

