
AGK

MINISTRY NETWORK ♦ EST 1918

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LETTER FROM SUPERINTENDENT

Hello,

We feel very thankful that you serve as Pastor of a Network Affiliated Church. Serving in this position gives you the unique opportunity to grow and equip a body of believers under the general oversight of the AGK Network Superintendent and Board.

We will partner with you to carry out your ministerial duties and offer you any help necessary for this Pastoral opportunity to have the greatest Kingdom success possible. We will pray, mentor, and facilitate to the best of our abilities. We have confidence that God will give you the grace and strength to lead in a way that honors Him and expands His Kingdom.

We offer this operation manual for Pastors of Network Affiliated Churches for informational and instructional purposes. As you read through it you will find answers to several questions that may have occurred to you in this journey of ministry.

The *informational* side of the operations manual will give you basic information concerning the AGK Network Office, policies, and governmental structure. The *instructional* side will tell you about the expectations before you as an AGK Network Affiliated Church pastor and what you need to do to fulfill them.

Please read through the manual and if you have any questions do not hesitate to contact your regional Presbyter that requested to serve as your Board liaison. You will find the contact information on the last page of this manual.

God bless you,



Superintendent Terry L. Yancey
on behalf of the AGK Board

GOVERNMENTAL STRUCTURE

Our Network Superintendent, Dr. Terry L. Yancey, oversees the AGK Network. He is elected to this position by the credentialed ministers and church delegates of the AGK Ministry Network. The Network Superintendent serves a four-year term.

Two other executive officers serve alongside Dr. Yancey: Rev. Vance Cauthon, Network Secretary, and Dr. Kent Duncan, Network Treasurer. These three men form our AGK Kansas Executive Team.

Twelve other ordained ministers serve in leadership for the AGK Network. These men or women are elected by the body of the Network in annual or special session and serve in a regional capacity. These twelve serve in groups of three per region: the western region, the central region, the northeastern region, and the southeastern region. These Presbyters are nominated based on Network bylaw qualifications and three church size categories. They are then elected to serve a three-year term and may serve two consecutive terms.

Your Presbyters:

WESTERN KS

Justin Sherer

Tribune

Nathan Sheridan

Garden City

Dwight Dozier

Great Bend

CENTRAL KS

Tom Lovell

Haysville

Steve Rains

Valley Center

Bobby Massey

Wichita

NORTHEASTERN KS

Curtis Wright

Wellsville

Bob Cave

Overland Park

Andy Parks

Paola

SOUTHEASTERN KS

Tim Hammye

Burlington

Randy DePriest

Coffeyville

Tony Lantz

Emporia

Every year the Presbyters choose AGK Network Affiliated Pastors that they will work with in a supportive, supervising, and encouraging relationship. They will meet with you for a meal (and your spouse if available) on a quarterly basis, plus be available to you for counsel and encouragement, as needed throughout the year. One of the four meetings will involve them attending the annual business meeting of the church. You will plan that time and meeting together, but you will lead the meeting. During the meeting, your Presbyter will greet your people, enjoy fellowship with you and them, and assist you if needed.

The goal of these four meetings: for the Pastor and the church to feel encouraged in their ministry and to plot out and establish vision for the Network Affiliated Church to become an integral part of the community and experience biblical growth. This growth and vision will then result in the church eventually applying for General Council affiliation, thereby reaching “self-governing” status as a body of believers. *We eagerly pray for that day for your congregation.*

ACTIVITIES AND OPPORTUNITIES

Acts 2 Journey

In this journey, the lead pastor and a small group of church influencers will discover or rediscover vision, values, and uniquely craft a plan to help your church live into a preferred Kingdom future.

AGKSOM

AGK School of Ministry is a practical, schedule-friendly, educational experience designed to help you answer God's call to ministry. If God is calling you to vocational ministry, AGKSOM fulfills the educational requirements for you to apply for AG credentials. If God is calling you to volunteer ministry, AGKSOM will deepen your understanding of the Bible and give you hands-on ministry training.

Church Ministries Conference

“The training and inspiration you want all of your local leaders to experience!” At this bi-annual event you will have the opportunity to choose from dozens of practical workshops, participate in spiritually inspirational plenary sessions and cross-pollinate with other local church leaders that do similar ministry. This event is for paid and volunteer workers alike.

Discovery Coach Training

Coaching produces life-change, holds sacred space, and supports others in vital personal/ministry growth benchmarks and goals. The AGK partners with NEW COACHES to help them realize their dreams and goals as a Coach! You'll help people release resistance, deepen their learning, carry out actions, discover new opportunities, and enhance their personal/ministry lives in this DISCOVERY process!

Family Camp at Woodston

A yearly get-away to refresh your walk with God and strengthen your relationships with family and friends. Everything from gathering for a delicious meal, to organized games, and Spirit-filled services – it's all planned to help your family experience priceless memories together!

Healthy Marriage Weekends

Participate up to twice a year in tracks for marriage enrichment and restoration.

Intermission

This experience allows people in ministry leadership to connect with others that “get” ministry life, touch God alongside ministry friends, unplug from stress, and relax in an atmosphere designed to recharge ministry leaders.

Network Council

The AGK Network hosts a yearly “Network Council” that all ministers are encouraged to attend. You will experience spiritual encouragement, reconnection, ministry insight, resources, and business. This event will enable you as a Pastor to make connections with fellow ministers. You will need to register as the time approaches and if you are unable to financially attend the council please let your Presbyter know so that sponsorship funds can be found to help you. You may also bring a church delegate.

Prayer Summit

Open to everyone (lead pastor, staff, and volunteers) for a time of prayer, worship, and encouragement.

Vision Fund

AGK churches that invest in the Vision Fund help strategically plant new churches, strengthen existing churches, and support the operations of our two camp facilities.

Wheat State Camp Prayer Chapel

This beautifully furnished lodge at Wheat State Camp allows ministers to spend time away in prayer. Overnight stays are welcome! This amenity is free to AGK credential holders.

FINANCES OVERVIEW

Taken from the AGK Constitution & Bylaws

ARTICLE V. FINANCES

Section 2. Types of Income

(Note: The AGK Ministry Network is primarily supported by tithes of credential holders.)

A. Tithes

1. Ordained ministers to pay \$25 per month to the General Council office, the balance of ministry income tithes to the AGK.
2. Licensed ministers to pay \$20 per month to the General Council office, the balance of ministry income tithes to the AGK.
3. Certified ministers to pay \$10 per month to the General Council office, the balance of ministry income tithes to the AGK.
4. Ministers who are eligible to vote and engaged in secular work are to send one-fourth of tithes from secular work to the AGK. An exemption of the one-fourth tithes is given to ministers serving as pastors of churches with 50 or less in average weekend attendance.
5. The annual contribution to the General Council for each credential level may be deducted from the giving listed above.

B. Churches

It is recommended that local churches financially participate in supporting Network projects and mission's efforts around the world and domestically within the USA.

FORMS AND FUNCTIONS OVERVIEW

You will find in this manual several pages of forms to help you administer a Network Affiliated Church. Please use them. If you need additional copies, they are available through the AGK Network website or by calling the AGK Office. Please read through all the items listed below and use this list as a reminder to keep things up to date administratively in the church.

Insurance

It is essential that liability insurance is up to date for the church property. This responsibility is of the utmost importance and needs your direct attention. We live in an age of litigation so insuring that risk is an essential aspect of your leadership. There are three companies that are approved by the AGK Network Board for your church insurance:

**Brotherhood*

**Church Mutual*

**Guide One*

There are numerous other insurance companies, but none of them have the experience with church or church ministry and are not aware of the liabilities of churches. They are not qualified to handle the multiple aspects of liability and therefore one of the above listed companies must provide your insurance.

The local/regional agent of these companies is available through the Network Office. Make the effort to contact an agent and evaluate your insurance situation.

Volunteer Application

It is difficult at times in a smaller body of believers to find volunteers to fill positions and this can make it easy to lower standards in order to get workers. ***It is very important to not lower the standard required for a volunteer just to get a worker. It is better to not have a ministry than to have a ministry overseen by an unqualified volunteer.*** The volunteer application form that is in this manual needs to be used for all those you deem ready for volunteer ministry or who desire to be involved in your volunteer ministry team. It needs to be filled out completely with references listed. These references should be contacted, and the volunteer needs to be formally accepted by you based upon the application and your personal interview and interaction. They should not be involved in ministry or leadership until you have made the formal approval.

Background Check

“This is part of the volunteer application process. Not only does the volunteer need to fill out an application that meets with your approval, they also need to submit to a background check with the state/local authorities. This can be done for a minimal cost and the AGK Network office can instruct you on who to contact to get an account set up. ***Absolutely do not let any volunteer work with children or youth until they have passed a full background check and you have the paperwork on file at the church. Also note, anyone with keys to church property must have a full background check. We do not allow any exceptions to this rule.***

****If you become aware of a registered sex offender that is attending your assembly please contact your Presbyter immediately for counsel on how to deal with the situation. Absolutely do not allow them to be involved in any ministry activities or lead any activity. There are strict measures that need to be taken and your Presbyter can help you with the proper boundaries that must be set.***

Participation Agreement

A participation agreement form is needed for every recreational “offsite” activity that the church sponsors. It is important that every individual taking part in such a church activity fill out one of these forms. This paperwork acts as a liability release for the church and needs to be on file for every recreational activity.

Driver Release & Church Vehicles

It is important that all drivers for church vehicles and church activities are approved both through insurance and background checks. You will need on file their DMV information and personal safety information. Ask your insurance agent what the policy is for adding a driver and the waiting period. Church vehicles are a very high liability and those driving them must be people that are qualified and insured. The form that is in this manual will enable you to get the necessary information to assure that the drivers are both qualified and competent to carry out the task.

Church Vehicles

Before using a church vehicle it is important that two aspects are clearly in line. First, it needs to be properly insured with current insurance papers in the vehicle. Please review with your agent to make sure it is up to date on all paperwork. Second, it needs to have a maintenance check (at least quarterly) to make sure it is in proper running condition. It is recommended that you have a mechanic look over the vehicle to assure it is solid running condition including tires/brakes/lights, etc. If for some reason the vehicle is lacking in any area, do not use it until it is in proper condition. The AGK has a policy strongly discouraging Network Affiliated Churches and the usage of 15 passenger vans unless it is within the guidelines of AG Financial Insurance Solutions.

Sexual Misconduct

Nobody expects heinous acts like sexual abuse, physical or psychological abuse to happen in our church buildings or during one of the church activities we sanction. However, we must stand ready to care for victims of such acts, especially if the victimization happens at the hands of some church employee, volunteer, or holder of a key giving

access to church property. A strong, consistent screening process will reduce risk, especially if we utilize the approved paperwork provided for our approval processes.

Employment Application

In the manual you will find an employment application. In the event you need to hire someone to help in any position at the church, it is important that you have a clear and concise application process. This form will allow you to set boundaries and evaluate the persons qualifications and character. The information that you gain through this form will enable you to make a well thought out decision to further the process of interviewing and checking references.

Constitution and Bylaws

As a Network Affiliated Church your governance is directly under the authority of the Network Board. However, as you seek to bring the church into General Council status you will need to begin drafting Constitution and Bylaws. Please contact your Presbyter when you desire to begin this process and they will help you to obtain several templates from which to work. This will be the governing document of the local assembly and needs to have the utmost attention given to it by those who understand the operation of church governance. Seek out necessary counsel from those who have walked this path before and take the time needed to clearly draft a document that will lead the church well. Once prepared, submit it to the AGK Superintendent and Network Board for approval.

Tax and Corporation Law

It is easy to get intimidated by the tax laws and state regulations for churches and non-profit organizations. However, there are those that are more than willing to give you counsel and encouragement as you walk through difficult questions. Please do not take the path of least resistance and simply try to ignore these questions and inquiries, but rather tackle them head on to make sure the local assembly is always in good standing. You can contact your Presbyter with questions and they will either give you counsel or direct you to someone who can answer your questions. Take the time to read and stay updated on information concerning 501(c)3 corporations and church tax law. There are updates sent from Dr. Hammar's office and this would be a very important email update to sign up for. Subscribe at www.churchlawandtax.com.

A/G Missions

It is important to keep the Network Affiliated Church involved with the overall mission of the Assemblies of God. While a church may be small in number it can be large in mission and mission giving. It is important to have missionaries come to the church and promote the mission worldview of the Assemblies of God. Please schedule a service with an AG US missionary once a year and an AG World missionary twice a year. This will allow the church to give to missions and be ignited to think outside of themselves for greater growth and investment into God's Kingdom. Encourage the church to set a mission's budget and support missionaries. This simple practice will allow the church to grow and experience the joy of helping God's Kingdom advance locally and globally.

INSURANCE & LEGAL

INSURANCE CONTACT:

Jerry Sparks
President, AG Financial Insurance Solutions
jspark@agfinancial.org | 417.447.3094

Resources

<https://www.youtube.com/user/AGFinancialSolutions>

<http://www.agfinancial.org/insurance/risk-management/>

LEGAL CONTACT:

Richard Hammer
AG Resource Center
legal@ag.org | 417.862.2781

Resources

<https://ag.org/Resources/Other/Media-Archives/Tax-and-Legal-Issues>

VOLUNTEER APPLICATION

FOR THOSE WORKING WITH MINORS

Church Information

Name of Church

Name of Senior Pastor

Church Address

City

State

Zip

Confidential Information

This application contains information that is confidential and may be reviewed only by the senior pastor listed above, the board of directors, or persons or committees authorized by the board of directors having authority to make personnel decisions regarding employees. Persons who review, duplicate, distribute, or disclose any portion of this document without authorization face one or more of the following consequences: (1) Possible criminal liability, (2) Possible civil liability, (3) Possible termination of employment, if an employee, (4) Possible dismissal from any official position within the Church, if a volunteer.

Applicant Information

Name of Applicant

Position Desired

Date

Please note that if the position you are applying for includes transporting minors, you may be asked to complete additional forms.

Applicant Information

First Name	Middle Name	Last Name		
Address		City	State	Zip
Phone Number		E-mail Address		

Occupation

Are you 18 years or older? Yes No
(Parental or Guardian Consent is required if less than 18.)

Note: Conviction of a crime and/or answering yes to any of the following questions may not necessarily disqualify you for a position as an employee.

Have you ever been convicted of, pled guilty or no contest to a crime other than a minor traffic violation? Yes No
If yes, please explain, including the name of the crime(s), the date and disposition of the case(s):

Are you presently facing charges for any criminal offense? Yes No
If yes, please explain:

Have you ever been accused of or charged with any offense involving children? Yes No
If yes, please explain, including disposition or current status of the charge:

Church Involvement

Have you ever interviewed to be a volunteer at the Church listed above prior to today's date? Yes No
If yes, please give the date(s) and interviewers name:

Are you currently a member of a church? Yes No

If yes, please provide the following:

Church Name _____

Name of Pastor _____

Address _____

City _____ State _____ Zip _____

Years Attended _____

Education

Please check last grade completed: 8 9 10 11 12 GED

Years of College: 1 2 3 4

Years of Graduate School: 1 2 3 4

References

Please list three (3) personal references. Your references must have the ability to assess your suitability for working with or around minors. Two (2) references must be members of this Church; one (1) reference should be from a current or past position in which you volunteered or worked with children from someone who works with children on a regular basis.

Please do not include relatives.

Reference One

Name _____

Relationship to You _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Reference Two

Name _____

Relationship to You _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Reference Three

Name _____

Relationship to You _____

Address _____

City _____ State _____ Zip _____

Phone Number

E-mail Address

Experience Working with Children

Please list up to three of your previous experiences where you worked with children beginning with your current or most recent.

Note: If you have less than three prior experiences, please list all that you have.

If you have no prior experience, please state “none” here: ____

Previous Experience One

Church/Organization Name

Position

Address

City

State

Zip

Start Date/Ending Date (Month/Year)

Supervisor Name & Title

Supervisor Phone Number

Reason for Leaving

Description of Duties:

Previous Experience Two

Church/Organization Name

Position

Address

City

State

Zip

Start Date/Ending Date (Month/Year)

Supervisor Name & Title

Supervisor Phone Number

Reason for Leaving

Description of Duties:

Previous Experience Three

Church/Organization Name	Position		
Address	City	State	Zip
Start Date/Ending Date (Month/Year)			
Supervisor Name & Title		Supervisor Phone Number	
Reason for Leaving			

Description of Duties:

Please write a brief statement explaining why you are seeking a volunteer position with this Church and describe why you want to work with children and would make a good volunteer for this Church.

Volunteer Agreement

In completing this Volunteer Application, I understand, represent and agree that:

Acceptance of this completed Application by the Church listed below does not mean that a volunteer position for which I am qualified, is open or that the Church has agreed to allow me to volunteer. Church is under no obligation to utilize my services as the result of accepting this completed application.

As part of the Church's procedure for verifying the information provided by me on this form or evaluating me for volunteer purposes, the Church may contact persons, employers and/or organizations named by me in this form; conduct a national criminal background check; conduct a sex offender registry check; a social security trace or other appropriate background investigative reports which may include information gathered through personal interviews with third parties, family members, and persons, with whom I am acquainted. I consent to the Church making such checks and understand that this may include information regarding my character, general reputation, and personal characteristics. I further agree to sign any and all documents, consents and/or agreements which may be necessary for the Church and its authorized representatives and/or designees to complete the above.

By signing this form, I authorize Church to request and obtain the information described above. Further, I release Church and its denominational agency, affiliates, related entities, agents, employees, and officers (collectively "Church") and all references from any claim or liability whatsoever arising out of such request or any information disclosed in response thereto, and I agree to hold the Church and all references harmless and will not to bring any action or assert any claim against the Church or any reference on account thereof.

I understand that my providing of false or misleading material information or my failure to state material facts either in this form or in any interview will result in the immediate rejection of my application as a volunteer with or immediate dismissal if such false or misleading information is discovered after any volunteer offer is accepted by me from the Church listed above.

I have read and understand the above and affirm that the information I have provided on this application is true and correct.

Name of Church

Printed Name of Applicant

Signature of Applicant

Date

Note: A photocopy or facsimile of this authorization shall be as valid as the original.

To be completed by the Church.

Name of Church

Name of Applicant

Name of Person Completing Referencing

Signature of Person Completing Referencing

Current/Last Church or Organization

Name

Referencing Method

Written Reference Form Returned? Yes No

Phone Interview Form Completed? Yes No

Past Church or Organization

Name

Referencing Method

Written Reference Form Returned? Yes No

Phone Interview Form Completed? Yes No

Past Church or Organization

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Personal Reference

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Personal Reference

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Personal Reference

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Background Screening Check

Name of Person Requesting Background Screening Check

Date Requested

Date Returned

BACKGROUND CHECK

First Advantage

www.fadv.com

Protect My Ministry

www.protectmyministry.com

People Facts

www.peoplefacts.com

ACTIVITY PARTICIPATION AGREEMENT

ADULT

Activity Participation Agreement

READ THIS DOCUMENT ("AGREEMENT") CAREFULLY BEFORE SIGNING

Event Organizers and Sponsor: **CHURCH NAME**, (collectively herein referred to as "Sponsor")

Description of Activities:

EXPLANATION

Date and Location of Activities:

DETAILS

Participant Information

(Please Print Legibly)

Name of Participant: _____ Email: _____

Address: _____ Telephone: _____

Name of Emergency Contact: _____

Emergency Contact Telephone: _____
(Day) (Evening)

IN CONSIDERATION of participation in the above activities on the date and at location above (herein the "Activity") I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I hereby represent that: (i) I am in good health and in proper physical condition to participate in the Activity; and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks, hazards and dangers which include, without limitation, injury; increased stress; accident; disease (including Coronavirus/COVID-19); criminal acts (including terrorism); the potential for serious bodily injury; permanent disability; paralysis and death; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond

the immediate control of Sponsor; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Activity, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity. I also accept sole responsibility for my own conduct and actions while participating in the Activity.

WARNING REGARDING COVID-19

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I further acknowledge that the General Council has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that the General Council cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the General Council and its employees and staff. I voluntarily seek to participate in the STL Mission Summit in Cabo San Lucas in December 2020 and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I am solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I understand my travel and participation in the trip will not be permitted if I experience any of these symptoms within 14 days of departure.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. In the event I believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within 14 days prior to departure, I understand my travel and participation in the trip will not be permitted.
- In the event I am diagnosed with Coronavirus/Covid-19 any time prior to departure and have not yet been cleared as non-contagious by state or local public health authorities, I understand my travel and participation on the trip will not be permitted.
- I am following all CDC, state and local government recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I understand and agree that if, during my participation in the Activity, Sponsor becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, Sponsor has my permission to contact my provided "emergency contact".

GENERAL RELEASE AND ASSUMPTION OF RISK

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY CHURCH NAME & THE AGK MINISTRY NETWORK, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge I am giving up substantial legal rights by signing it (including the rights of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Minor children. In the event that I have minor children who will accompany me on this trip, I take full responsibility for their supervision, safety and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said trip, from those causes described above.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Kansas, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

I HEREBY ACCEPT THE ABOVE TERMS

DATE

SIGNATURE

PRINTED NAME

Is the participant on any Medication, allergic to anything or have any special needs: if so please list:

A resource of AG Financial Insurance Solutions.

agkansas.com/network-affiliated-church-resources

ACTIVITY PARTICIPATION AGREEMENT

MINOR

CHURCH ADDRESS • CHURCH PHONE

Activity Participation Agreement

READ THIS DOCUMENT ("AGREEMENT") CAREFULLY BEFORE SIGNING

Sponsor: **CHURCH NAME**

Description of Activities: **EXPLANATION**

Date and Location of Activities: **DETAILS**

Participant Information

(To be completed by a parent or an authorized guardian)

Name of Participant: _____ Email: _____

Address: _____ Telephone: _____

Name of Parents and/or Emergency contact: _____

Telephone: _____
(Day) _____ (Evening)

Is participant covered by personal/family medical insurance? Yes _____ No _____

If yes, name of Insurer:

Policy or group number:

Participation Agreement

IN CONSIDERATION of participation in the above activities on the date and at location above (herein the "Activity") I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I hereby represent that: (i) I am in good health and in proper physical condition to participate in the Activity; and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks, hazards and dangers which include, without limitation, injury; increased stress; accident; disease (including Coronavirus/COVID-19); criminal acts (including terrorism); the potential for serious bodily injury; permanent disability; paralysis and death; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of Sponsor; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Activity, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity. I also accept sole responsibility for my own conduct and actions while participating in the Activity.

WARNING REGARDING COVID-19

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I further acknowledge that the General Council has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that the General Council cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the General Council and its employees and staff. I voluntarily seek to participate in the STL Mission Summit in Cabo San Lucas in December 2020 and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I am solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I understand my travel and participation in the trip will not be permitted if I experience any of these symptoms within 14 days of departure.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. In the event I believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within 14 days prior to departure, I understand my travel and participation in the trip will not be permitted.
- In the event I am diagnosed with Coronavirus/Covid-19 any time prior to departure and have not yet been cleared as non-contagious by state or local public health authorities, I understand my travel and participation on the trip will not be permitted.
- I am following all CDC, state and local government recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I understand and agree that if, during my participation in the Activity, Sponsor becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, Sponsor has my permission to contact my provided "emergency contact".

GENERAL RELEASE AND ASSUMPTION OF RISK

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY CHURCH NAME & THE AGK MINISTRY NETWORK, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge I am giving up substantial legal rights by signing it (including the rights of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision

of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Kansas, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

I HEREBY ACCEPT THE ABOVE TERMS

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)

Is the participant on any Medication, allergic to anything or have any special needs: if so please list:

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SAMPLE

DRIVER RELEASE & CHURCH VEHICLES

Church Information

Name

Address

City

State

Zip

Trip Information

Destination

Date of Trip

Insurance Information

Driver Name

Policy Holder Name

Auto Insurance Company

Policy Number

Effective Dates

Coverage (Min. 50/100 BI / 50 PDI; prefer 100/300 BI / 100 PDI)

I will maintain my insurance at the approved specified.	Yes	No
If a change is made, I will notify the church listed above.	Yes	No
I have provided the church a copy of my auto insurance policy.	Yes	No
I will provide the church an updated copy when my insurance is renewed.	Yes	No

DMV Information

Driver License Number

CDL Expiration Date

I have provided the church a legible copy of my driver's license.	Yes	No
I am between the ages of 25 and 65.	Yes	No
I have signed and submitted the DMV "Employer Pull Notice" form* to the church. * (Authorization for Release of Driver Record Information)	Yes	No

In the last three years, I have been convicted of more than one minor traffic violation or had more than one at fault accident. Yes No
 If yes, please provide more details:

Vehicle Safety (No 15 passenger vans)

Number of passengers with working seat belts in this vehicle: _____

As required by law, I guarantee that all occupants will be wearing seat belts while this vehicle is being operated and comply with the safety requirements of the vehicle including but not limited to airbags: Yes No

The automobile being driven for the specified trip is in good working operation, has been regularly maintained and inspected and I have no concerns regarding the safety of my vehicle: Yes No

I will caravan with the group (as applicable) and will keep in close contact with staff: Yes No

I affirm that the above information is accurate and correct and I will carry insurance on the vehicle being driven, and I will notify the church if my insurance is cancelled or if any of the above information changes. I will always operate this vehicle in safe manner while transporting.

 Name of Driver Signature of Driver Date

INTERNAL CHURCH USE ONLY:

Approved for driving church vehicles: Yes No

Approved for driving on trips: Yes No

DMV record received: Yes No

Volunteer screened: Yes No

Driver contacted/confirmed: Yes No

 Name of Person Transportation Director Signature of Transportation Director Date

CHURCH DRIVER FORM

Event Destination:

Event Date:

All forms must be completed and submitted prior to event driving for.

Insurance

Driver's Name:

Policy Holder Name:

Auto Insurance Company:

Policy No:

Effective Dates:

Specify insurance coverage maintained (minimum 50/100 BI /50 PD; prefer 100/300 BI /100 PD):

I will maintain my insurance at the approved level specified. If a change is made, I will notify (Church Name): Yes No

I have provided to (Church Name) a copy of my automobile insurance policy. Yes No

I will provide (Church Name) an updated copy when my insurance is renewed: Yes No

Driver Information

Driver's License No:

CDL Expiration Date:

I have provided (Church Name) a legible copy of my driver's license: Yes No

I am between the ages of 25 and 65: Yes No

In the last 3 years, have you been convicted of more than one minor traffic violation or had more than one at fault accident
Yes No (If you answered "Yes" please provide details on the reverse side.)

Vehicle Safety

Number of passengers with working seat belts in this vehicle:

As required by law, I guarantee that all occupants will be wearing seat belts while this vehicle is being operated and comply with the safety requirements of the vehicle including but not limited to airbags: Yes No

The automobile being driven for the specified event(s) is in good working operation, has been regularly maintained and inspected and I have no concerns regarding the safety of my vehicle: **(NO 15 PASSENGER VANS)** Yes No

I will caravan with the group (as applicable) and will keep in close contact with the staff during this trip. Yes No

I will not use a cell phone (except hands free) while operating this vehicle. Yes No

I affirm that the above information is accurate and correct and I will carry insurance on the vehicle being driven, and I will notify (Church Name) if my insurance is cancelled or if any of the above information changes. I will always operate this vehicle in a safe manner while transporting children.

Drivers Signature

Date

Cell Number

OFFICE USE ONLY	
Approved for driving (Church Name) vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer Screened: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved for driving on event trips: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Transportation Director Signature:	
Driver Contacted/Confirmed:	

SAMPLE

CHURCH VEHICLES FORM

INSPECTION CHECK LIST (NO 15 PASSENGER VANS)

Vehicle (Year/Make/Model): _____ License: _____

Driver: _____ / _____ Date: ____ / ____ / ____

(Print)

(Sign)

<p>Required tire pressure for this van is:</p> <p>Front: _____ Rear: _____</p> <p>Recorded tire pressure is:</p> <p>Left Side Tires Right Side Tires</p> <p>Front: _____ Rear: _____</p> <p>Front: _____ Rear: _____</p> <p>Spare: _____</p> <p>Please <input checked="" type="checkbox"/> items as completed</p> <p>Check the tires:</p> <p><input type="checkbox"/> Tread Depth (Must be more than 1/16 inch)</p> <p><input type="checkbox"/> No Uneven wear, cracks or damage</p> <p><input type="checkbox"/> Check spare tire</p> <p>Visually inspect around van:</p> <p><input type="checkbox"/> No Fluid leaks</p> <p><input type="checkbox"/> Is the van leaning to one side?</p> <p><input type="checkbox"/> Check Windshield/wiper blade damage?</p> <p>Check fluids, belts and hoses:</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Radiator (when engine is cool)</p> <p><input type="checkbox"/> Check windshield wiper fluid</p> <p><input type="checkbox"/> Belts or hoses not frayed or cracked</p>	<p>Check equipment and safety items:</p> <p><input type="checkbox"/> Dashboard indicator lights and gauges (No warnings)</p> <p><input type="checkbox"/> Horn</p> <p><input type="checkbox"/> Safety restraints checked for each seat</p> <p><input type="checkbox"/> Tested windshield wipers and fluids</p> <p><input type="checkbox"/> Backup alarm (if installed)</p> <p><input type="checkbox"/> Parking brake</p> <p><input type="checkbox"/> Jack and lug wrench</p> <p><input type="checkbox"/> Fire extinguisher</p> <p><input type="checkbox"/> First Aid kit</p> <p><input type="checkbox"/> Road service kit (if installed)</p> <p><input type="checkbox"/> Insurance liability card and accident forms</p> <p>Check all exterior lights:</p> <p><input type="checkbox"/> Headlights</p> <p><input type="checkbox"/> Tail lights</p> <p><input type="checkbox"/> Brake lights</p> <p><input type="checkbox"/> Reverse lights</p> <p><input type="checkbox"/> Turn signals</p> <p><input type="checkbox"/> Emergency Flashers</p> <p>Make driver adjustments:</p> <p><input type="checkbox"/> Adjust seat to reach pedals</p> <p><input type="checkbox"/> Adjust steering wheel to height/distance</p> <p><input type="checkbox"/> Adjust rear view mirror and side mirrors to reduce blind spots</p> <p>Before operating the van:</p> <p><input type="checkbox"/> Put on <i>your</i> safety restraint</p> <p><input type="checkbox"/> Ensure <i>all</i> passengers are buckled up</p> <p><input type="checkbox"/> Secure and lock doors</p>
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<p><i>Loading & Towing</i></p> <ul style="list-style-type: none"> - Do NOT strap or load cargo on the roof - Place items under seats to distribute load - Load passengers front to back and evenly distribute passengers side to side - Do NOT tow trailers - Nine people recommended occupancy 	<p><i>Remember</i></p> <ul style="list-style-type: none"> - Observe all traffic rules and regulations - Drive safely and courteously with headlights on - If van's wheels drop off roadway, gradually reduce speed and steer back onto roadway when safe to do so - Avoid panic-like steering and hard braking - Do NOT use cell phone while driving
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Keep a copy of this in the van and provide a copy of this checklist to the church before leaving.

SAMPLE

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SEXUAL MISCONDUCT

Providing a safe, loving environment where children can learn about Jesus is one of the highest callings and privileges of churches. The last thing we want is for a child and their family to be hurt. However, some churches may unknowingly put kids' safety at risk by not following recommended precautionary steps in selecting volunteers and staff. For example, criminal background checks, while essential, are not enough.

A useful question to help guide your church safety policies is this: **How can we demonstrate to a jury that reasonable care was taken to protect children?**

Hopefully, your church will never have to answer that question for an actual jury due to a child sexual misconduct or abuse allegation, but the following list has been developed with it in mind. Your selection process should include **every single one** of these steps.

SIX STEPS TO FOLLOW

1. A **written application** for all employees and every person working with minors, as well as anyone with a key to the church.
2. A thorough **interview** process.
3. A **background check**, including a criminal record check and sexual offender registry check.
4. Two documented **reference checks**, including any past church history.
5. A **two-adult policy**. At no time should a child be left alone with an adult.
6. A **six-month rule**. All applicants must be in good standing with the church for at least six months before being allowed to work with minors.

CASE STUDY

In 2014, the Florida Baptist Convention was sued because of inappropriate sexual behavior involving minors perpetrated by a minister at a church plant. Although a criminal background check had been done and had come up clean, the Convention had not checked with the minister's previous places of ministry. If they had, they might have discovered the fact that he had been accused of inappropriate behavior at two churches in Maryland and Alabama. Those churches had not reported the behavior to the authorities but chose to simply dismiss him, which was why the background check revealed nothing. However, the court determined that the Convention was liable because they should have checked with those churches to obtain references. In simply making the effort to check, the Convention may have been able to demonstrate to the court that reasonable care had been taken. The

court decided their failure to get references amounted to negligent selection. As a result, not only were children hurt, but also the Convention is now facing \$12.5 million in damages.

SELECTION PROCESS FOR MINORS WHO WANT TO WORK WITH CHILDREN

While background checks cannot be obtained for those under 18 years of age, it's a common church practice to use teenagers as children's workers. However, you still need to exercise reasonable care in selecting adolescent workers. You can do that by requiring two or three **reference letters** from people who can give an opinion as to their suitability for working with children.

In addition, it is recommended that you contact other local youth-serving charities such as the Boy or Girl Scouts, YMCA, as well as public schools to ask about the screening process they use for minors. Document your contact with each organization and **align your process** with theirs when applicable.

Finally, if you decide to use adolescent workers, ensure **adult supervision** of them at all times during activities involving minors.

You want to do everything you can to protect children, their families, and your church. The best practices given here will help you do that. If you would like more information or have questions, feel free to contact the team (AG Financial Solutions) at **417.447.3094** or email jsparks@agfinancial.org.

EMPLOYMENT APPLICATION

EMPLOYMENT APPLICATION

Church Information

Name of Church

Name of Senior Pastor

Church Address

City

State

Zip

Confidential Information

This application contains information that is confidential and may be reviewed only by the senior pastor listed above, the board of directors, or persons or committees authorized by the board of directors having authority to make personnel decisions regarding employees. Persons who review, duplicate, distribute, or disclose any portion of this document without authorization face one or more of the following consequences: (1) Possible criminal liability, (2) Possible civil liability, (3) Possible termination of employment, if an employee, (4) Possible dismissal from any official position within the church, if a volunteer.

Applicant Information

Name of Applicant

Position Applied For

Date

EMPLOYMENT APPLICATION

Please note that if the position you are applying for includes transporting minors, you may be asked to complete additional forms.

Applicant Information

Position Applied For _____

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ E-mail Address _____

Home Phone Number _____ Cell Phone Number _____

Length of time at current address* _____

*If less than five years, please list previous addresses for the last five years:

Are you 18 years or older? Yes No

Note: Conviction of a crime and/or answering yes to any of the following questions may not necessarily disqualify you for a position as an employee.

Have you ever been convicted of, pled guilty or no contest to a crime other than a minor traffic violation? Yes No
If yes, please explain, including the name of the crime(s), the date and disposition of the case(s):

Are you presently facing charges for any criminal offense? Yes No
If yes, please explain:

Have you ever been accused of or charged with any offense involving children? Yes No
If yes, please explain, including disposition or current status of the charge:

References

Please list three (3) personal references. Your reference must have the ability to assess your suitability for working with or around minors. Please do not include relatives.

Reference One

Name	Years Known		
Address	City	State	Zip
Phone Number	E-mail Address		

Reference Two

Name	Years Known		
Address	City	State	Zip
Phone Number	E-mail Address		

Reference Three

Name	Years Known		
Address	City	State	Zip
Phone Number	E-mail Address		

Citizenship

Are you a citizen of the United States? Yes No

If No, are you a legal alien authorized to work in the United States? Yes No

Education

Please check last grade completed: 8 9 10 11 12 GED

Years of College: 1 2 3 4

Years of Graduate School: 1 2 3 4

Please provide the following information about the schools you've attended.

Note: In considering your application, the church may require an official transcript from one or more schools attended.

School One

Name	Dates Attended		
Address	City	State	Zip
Major	Degree		
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

School Two

Name

Dates Attended

Address

City State Zip

Major

Degree

Did you graduate? Yes No

School Three

Name

Dates Attended

Address

City State Zip

Major

Degree

Did you graduate? Yes No

Training & Experience

Please list any relevant training or experience you have including any professional license(s) or certification(s):

Employment History

Please list your employers for the past five (5) years, or last three (3) employers, whichever list is longer, beginning with your current or most recent employer. Please note any periods of time in which you were not employed.

Employer One

Name

Position

Address

City State Zip

Start Date/Ending Date (Month/Year)

Ending Salary or Hourly Rate

Supervisor Name & Title

Supervisor Phone Number

Reason for Leaving
Description of Duties:

Employer Two

Name

Position

Address

City State Zip

Start Date/Ending Date (Month/Year)

Ending Salary or Hourly Rate

Supervisor Name & Title

Supervisor Phone Number

Reason for Leaving

Description of Duties:

Employer Three

Name

Position

Address

City State Zip

Start Date/Ending Date (Month/Year)

Ending Salary or Hourly Rate

Supervisor Name & Title

Supervisor Phone Number

Reason for Leaving

Description of Duties:

Employer Four

Name

Position

Address

City State Zip

Start Date/Ending Date (Month/Year)

Ending Salary or Hourly Rate

Supervisor Name & Title

Supervisor Phone Number

Reason for Leaving

Description of Duties:

Have you ever been dismissed, terminated or forced to resign for any reason from any employment? Yes No
If yes, please explain:

Church Membership

Are you currently a member of a church? Yes No
If yes, please provide the following:

Church Name	Name of Pastor		
Address	City	State	Zip
Years Attended			

Church Attendance

If you have not been a member of or have not attended your current church for the last five (5) years, please list where you have attended church beginning with the most recent church. Please note any periods of time in which you did not attend.

Church One

Name	Phone Number		
Address	City	State	Zip
Dates Attended (Month/Year)	Where you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Church Two

Name	Phone Number		
Address	City	State	Zip
Dates Attended (Month/Year)	Where you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Information

Please list any other additional information that you believe may be useful in evaluating your Employment Application. Examples may include special training programs in which you participated in or experience not reflected above.

Application Agreement

In completing this Employment Application, I understand, represent and agree that:

1. Acceptance of this completed Application by the Church listed below, does not mean that an employment position for which I am qualified, is open or that the church has agreed to provide me with employment. The Church is under no obligation to offer me employment as the result of accepting my completed application.

2. As part of the Church's procedure for verifying the information provided by me on this form or evaluating me for employment purposes, the Church may contact persons, employers and/or organizations named by me in this form; conduct a national criminal background check; conduct a sex offender registry check; a social security trace or other appropriate background investigative report which may include information gathered through personal interviews with third parties, family members, and persons, with whom I am acquainted. I consent to the Church making such checks and understand that this may include information regarding my character, general reputation, and personal characteristics. I further agree to sign any and all documents, consents and/or agreements which may be necessary for the Church and its authorized representatives and/or designees to complete the above.

By signing this form, I authorize the Church to request and obtain the information described above. Further, I release the Church and its denominational agency, affiliates, related entities, agents, employees, and officers (collectively "Church") and all references from any claim or liability whatsoever arising out of such request or any information disclosed in response thereto, and I agree to hold the Church and all references harmless and will not to bring any action or assert any claim against the Church or any reference on account thereof.

Applicant's initials _____

3. I understand that providing false or misleading information or failure to state material facts either in this form or in any interview will result in the immediate rejection of my application for employment with the Church or immediate dismissal if such false or misleading information is discovered after any employment offer from the Church is accepted by me.

I have read and understand the above and affirm that the information I have provided on this application is true and correct.

Name of Church

Printed Name of Applicant

Signature of Applicant

Date

Note: A photocopy or facsimile of this authorization shall be as valid as the original.

Request for Background Information

First Name of Applicant Middle Name Last Name

Maiden Name or Other Names Used

Social Security Number Date of Birth

Driver's License Number State Issued

Have you ever been convicted of a felony or misdemeanor? Yes No

Background Verification & Disclosure

As part of the pre-employment process the Church listed below may obtain a Consumer Report and/or Investigative Consumer Report that may include legally obtainable criminal records. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, criminal history or mode of living.

Authorization to Release Information

During the application process and at any time during any subsequent employment, I authorize the Church to procure a Consumer Report which I understand may include information regarding my credit standing, character, general reputation, personal characteristics, criminal history, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, criminal history or mode of living.

Name of Church

Printed Name of Applicant Signature of Applicant Date

Printed Name of Witness Signature of Witness Date

Background Referencing Checklist

To be completed by the Church.

Name of Church

Name of Applicant

Name of Person Completing Referencing

Signature of Person Completing Referencing

Current/Last Employer

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Past Employer

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Past Employer

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Personal Reference

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Personal Reference

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Personal Reference

Name

Written Reference Form Returned? Yes No

Referencing Method

Phone Interview Form Completed? Yes No

Background Screening Check

Name of Person Requesting Background Screening Check

Date Requested

Date Returned

Personal Reference Check

Complete a form for each Personal Reference listed by the Applicant.

Name of Church

Address

City

State

Zip

Name of Applicant

Position Applied For

Name of Reference

Date Completed

Completed By: Phone Mail

1. How do you know the applicant?

2. How long have you known the applicant? _____

3. Have you seen the applicant work with children? Yes No

4. What is your assessment of the applicant's fitness and suitability for working with children?

5. Do you have any reservations regarding the applicant's fitness and suitability for working with children?

6. What type of recommendation would you give the applicant?

7. Do you have any other information regarding the applicant's fitness and suitability for working with children which would be helpful to the Church listed above?

INTERNAL CHURCH USE ONLY:

Name of Person Completing Referencing

Signature of Person Completing Referencing

Date

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Employment Reference Check

Complete a form for each Employer listed by the Applicant.

Name of Church

Address

City

State

Zip

Name of Applicant

Position Applied For

Name of Reference

Date Completed

Completed By: Phone Mail

1. How do you know the applicant?

2. What was your relationship with the applicant during the period of employment?

3. Were the applicant's duties performed satisfactorily? Yes No
If not, please explain:

4. Why did the applicant leave your organization?

5. Have you seen the applicant work with children? Yes No

6. What is your assessment of the applicant's fitness and suitability for working with children?

7. Do you have any reservations regarding the applicant's fitness and suitability for working with children?

8. What type of recommendation would you give the applicant?

9. Do you have any other information regarding the applicant's fitness and suitability for working with children which would be helpful to the Church listed above?

INTERNAL CHURCH USE ONLY:

Name of Person Completing Referencing

Signature of Person Completing Referencing

Date

APPENDIX

- I. Constitution
- II. Bylaws
- III. Membership Covenant
- IV. AGK Presbyter Contact Info

CONSTITUTION

AGK NETWORK AFFILIATED CHURCHES

I. Guidelines

Network Affiliated Churches shall:

- A. Accept the tenets of faith of the Assemblies of God.
- B. Adopt the Official By-laws for Network Affiliated Churches as set forth in this Policy and Procedures Manual. Any pre-existing Constitution and By-laws will be set aside for the duration of supervision.
- C. Communicate with the Network Board via the assigned Regional Presbyter concerning the status of the church in such areas as finance, attendance, property and casualty insurance, etc.
- D. Meet quarterly with the assigned Presbyter as prescribed to facilitate relationship and accountability. To become 90 days delinquent in meeting may be reason for closer supervision and if unchanged, removal from local leadership.
- E. Hold at least two World and one U.S. Missions services per year with an Assemblies of God missionary at each service and receive at least one offering for each while the missionary is present.
- F. Seek and receive the counsel of the Network Superintendent and / or Regional Presbyter as needed. Such counsel is mandatory when there is a vacancy in the office of Pastor.
- G. Be incorporated. If not incorporated, the church will fall under the corporate umbrella of the AGK until incorporation occurs.
- H. Carry adequate property and casualty insurance (including sufficient liability coverage).
- I. Be encouraged to qualify for General Council affiliation (self-governance) as early as both possible and practical.
- J. In the event an AGK Network Affiliated Church must close and no longer function, any remaining members automatically release all property & finances officially to the Network leadership (Executive Officers and / or Network Board) for disposition as the Board decides. This includes all funds and property, both real and chattel.

II. Network Supervision

- A. The foremost desire of Network leadership is always to have a strong group of believers meeting in their own facilities that belong to them as an incorporated entity.
- B. Network supervision does not mean that:

- 1) The Network desires to take over church property and / or unduly dispose of it.
- 2) The Network is responsible for any financial indebtedness of the church under supervision.
- 3) When applicable, the godly wishes and desires of the local church will not receive due consideration in decisions made by the Network on their behalf.
- 4) Network supervision is intended as a permanent state.

C. Network supervision shall be for a limited period of time as set by the Network Board of Directors. That time may be lengthened or shortened as circumstances dictate.

BYLAWS

BYLAWS FOR NETWORK AFFILIATED ASSEMBLIES

*Newly planted churches

*Network Affiliated Churches under Supervision

I. Name

The name of this church shall be _____ (Assembly of God) located in _____, Kansas.

II. Affiliation

This assembly affiliates with the AG Kansas Network of the Assemblies of God, Inc., as a Network-Affiliated Church until such time as the Body qualifies and gains General Council (self-governance) status.

III. Tenets of Faith

This assembly accepts the Holy Scriptures as the revealed will of God, and the all-sufficient rule of faith and practice. In the interest of unity, it adopts the Statement of Fundamental Truths, as outlined by the General Council of the Assemblies of God, Inc., with offices located in Springfield, MO.

IV. Membership

A. Qualifications for membership in this assembly shall be open to those who:

- 1) Show evidence of a genuine experience of salvation (John 3:3, 5-7; 2 Cor. 5:1).
- 2) Have been baptized in water by immersion.
- 3) Show evidence of a consistent Christian life (Gal. 2:20; 5:22-24).
- 4) Show evidence of having received, or to be earnestly seeking the baptism of the Holy Spirit.
- 5) Subscribe to the Tenets of Faith as set forth by the General Council of the Assemblies of God.
- 6) Indicate a willingness to cooperate in the work of this assembly and to be governed by its Rules of Order.
- 7) Evidence consistent financial support as the Lord may prosper them through a tithe (10%) of their income and the giving of offerings in addition to their tithe.
- 8) Commit to and sign the church membership covenant.

B. Reception of Members

Those desiring to apply for membership shall complete the membership covenant provided by the AGK and submit it to the pastor. The AGK Board of Directors, upon the recommendation of the pastor and Regional Presbyter, shall have final approval of all candidates for membership in this assembly. Those so approved may be received publicly and their name inscribed upon the membership role.

C. Classification of Membership

1) Membership - All those who meet the scriptural standards for membership and who have passed their 18th birthday, and who have applied for and been received into membership, shall constitute the membership of the local church responsible for deliberative decisions and leadership, in submission to AGK Board.

2) Inactive Membership - Enrolled members of the assembly who shall willfully absent themselves from the services of the church for a period of four consecutive weeks, or who willfully cease to tithe for the same time period, or who may be out of harmony with its teachings and ministries, or who shall be under charges of misconduct, shall be considered inactive by action of the Network Board of Directors, upon the recommendation of the pastor and Regional Presbyter. Inactive members may be restored to an active status at the discretion of the Network Board of Directors upon recommendation of the pastor and Regional Presbyter.

D. Revision of Membership Roll and Discipline of Members

1) It shall be the duty of the Network Board, upon the recommendation of the pastor and Regional Presbyter, to revise the membership roll of the assembly at least once a year, prior to the annual business meeting.

2) Any person removed from either membership classification (“membership” or “inactive membership”) shall have the right of appeal and be entitled to a hearing before an Arbitration Team appointed by the Network Board of Directors. The decision of the Arbitration Team is final.

E. Transfer of Membership

A letter of transfer, signed by the releasing pastor, shall be granted upon request and sent to the pastor or secretary of the receiving church. It shall state whether or not the member is in good standing in the local assembly. Such transferred members shall participate in a local church membership class as soon as is practical.

V. Administration

A. Trustees

The Board of Directors of the AG Kansas Network Council of the Assemblies of God Inc., shall be trustees of the assembly. The trustees shall have authority over the assembly to provide pastoral leadership and appoint necessary support team members.

B. Leaders

The Network Board of Directors or its appointed representatives shall appoint a pastor for the assembly, and such other personnel as may be needed in a support capacity. The pastor shall serve for two years or more as determined by the Network Board of Directors. All other personnel shall serve for one year or until their successor qualifies. Consideration shall be given to the godly desires and wishes of the membership in making appointments, but the choice in each case shall remain that of the Network Board and its representative.

C. Duties of Leaders

- 1) Pastor - The pastor shall function as the spiritual head and general overseer of the assembly and shall direct all of its activities under the supervision of a Regional Presbyter. All other leaders or team members that may be appointed shall serve under the pastor's supervision. The pastor shall meet quarterly with the Regional Presbyter and / or Network Superintendent for accountability, relationship and counsel. When feasible, one of the four meetings shall transpire in conjunction with the annual business meeting of the church. The Regional Presbyter shall attend and participate as decided upon in advance by the Presbyter and local pastor.
- 2) Secretary - The secretary shall record and preserve the minutes of the annual and special business meetings of the assembly. They shall keep a record of the membership of the assembly and perform any other clerical work necessary to the proper discharge of their duties.
- 3) Treasurer - The treasurer shall be the custodian of all the funds of the assembly and shall receive and disburse the same under the direction of the pastor and, as necessary, the Regional Presbyter. They shall deposit all funds in their care in a responsible bank and make all disbursements by check. They shall keep a true and accurate record of all monies received and disbursed. They shall make reports as may be requested by pastoral leadership or Network Board leadership. The books will be made available for audit at the request of the Network leadership and when the treasurer exits that role.
- 4) Network Supervision - All local leaders serve under the direction of the pastor and the Network Board of Directors. The same has the right to remove any officer or to make new appointments as may seem advisable.

D. Support Team

The Network Board of Directors or its appointed representatives shall appoint a Support Team to assist and support the pastor in matters pertaining to the life of the church. Primary consideration

will be given to the desire of the pastor when making appointments. Decisions of the Support Team are subject to the approval of the Network Board of Directors.

E. Business Meetings

Business meetings may be arranged by the pastor upon approval of the Regional Presbyter. Adequate notice of the time and purpose of a business meeting shall be given to all members. "Adequate notice" shall be defined as a public announcement on two consecutive Sunday mornings before the business meeting occurs, or a written announcement mailed to each member's address of record, postmarked no less than seven days before the meeting. The assigned Presbyter shall chair such meetings.

VI. Property

A. Deeding of Property

All newly acquired property shall be deeded to the AGK, and held in trust by the Board until the congregation becomes a General Council (self-governing) church, at which time the property shall be deeded to the church with the following provisions included in the deed:

- 1) In the event the church ceases to exist as a non-profit corporate entity, or in the event the property ceases to be used for church related work, or in the event the church body ceases to be affiliated with the Kansas Network Council of the Assemblies of God Inc., the title of the described property shall revert to invest absolutely in the AG Kansas Network Council of the Assemblies of God Inc., its successors and assigns forever.
- 2) Prior to transfer by the church, they may transfer the property to subsequent grant, providing they have obtained prior written approval from the AG Kansas Network Leadership.
- 3) These restrictions, conditions, and reversions will not affect the validity of any mortgage made upon the captioned property for value, but that in the event of a default, all right, title and interest of the church, including the right of redemption, shall revert to the AG Kansas Network Council of the Assemblies of God Inc.

B. Disposition of Property

No real or chattel property of the assembly shall be sold, leased, mortgaged or otherwise alienated without the same having been authorized by a majority vote of the AGK Board.

C. Authorization

The president and secretary of the Network Board shall certify in such conveyance, lease or mortgage that the same has been duly authorized by the appropriate vote of the Board. Such Board action shall serve as conclusive evidence thereof.

VII. Departments

All departments shall be under the supervision of the pastor, who may personally direct their activities or appoint competent leaders in addition to those already appointed by the Network Board of Directors.

VIII. Development

Network Affiliated assemblies shall proceed to the status of General Council-affiliated Assemblies (self-governing) as stated in Article IX, Section 1, paragraph B, Requirements, General Council-Affiliated Churches, of the Network Council Bylaws, as soon as health and capacity warrant such advancement.

IX. Amendments

Amendments to these Bylaws may be made at any regular meeting of the Kansas Network Board of Directors.

MEMBERSHIP COVENANT

For AGK Network Affiliated Churches

I, _____, consider _____ as my home church.

(Applicant's full name)

(Church name)

I have accepted Jesus as my Lord and life-leader. Therefore, I strive to honor His actual presence in my life by the way I think, speak, and behave.

Since starting my faith journey with Jesus, I have experienced water baptism by immersion, in the name of the Father, Son, and Holy Spirit.

I desire loving accountability for a holy life associated with following Jesus and representing this local church body. I want other followers of Jesus to lovingly and consistently “spur me on toward love and good deeds” and I, in turn, will lovingly do the same for them. (Hebrews 10:24 And let us consider how we may spur on another on toward love and good deeds, 25 not giving up meeting together, as some are in the habit of doing, but encouraging one another- and all the more as you see the Day approaching.)

I have read, considered, and accept the Sixteen Fundamental Truths of the Assemblies of God. That means I believe in the Baptism of the Holy Spirit as the church teaches it. I have experienced that Spirit baptism, or I am earnestly seeking that empowerment because it's the biblical example of how the first century believers lived and affected their world.

I will attend as many Sunday morning worship services as possible. When I must miss a regular service, I will try to inform leadership in advance. I will connect with a small group in our Body – Sunday school, life groups, etc.

I will invite unsaved friends, relatives, associates, and neighbors to attend services that may allow them to hear more about Jesus. I want them to find the hope and forgiveness I found when I met Jesus.

I will strive to fill myself with God's Word and develop other helpful spiritual disciplines. I intend to live as a part of the Body and as a “self-feeder.” Such behaviors will provide spiritual stability to me and others that count on me maintaining a healthy relationship with Jesus.

I will financially support this local body through the practice of tithing. That means I will give 10% of my income to the church as an act of worship to the Lord who gave 100% for me. As the Lord prospers me, I will also give offerings to support the mission and vision of this local church and ministries associated with it.

I support the mission and leadership of this local church and value our congregation having a strong testimony in this region. Therefore, I give my word to promote unity and love by the way I live my life and talk with and about other people, both publicly and privately.

Signature: _____ Date: _____

Date Received into Membership: _____

Pastor or Presbyter Signature: _____

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Revised Network Church Policy & Procedure Manual November 2020