

2. Please describe why you are interested in serving as an instructor or in a support position at the Classical Consortium.

3. Have you committed to trust and follow Jesus as your personal Lord and Savior? Yes No

4. Do you agree with the Statement of Faith described in this manual? Yes No

PERSONAL INFORMATION

The following information is very personal. Please know that it will remain confidential and will be considered in light of the life changing and healing power of Jesus Christ.

1. Have you ever been convicted or pleaded guilty to a crime? Yes No

If yes, explain: _____

2. Have you ever been convicted, accused of, or have you ever committed any act of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

Yes No

If yes, explain: _____

3. If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, please describe the steps you have taken to overcome the impact that these issues will create for you, both now and in the future.

4. Is there currently any physical abuse, neglect, or unhealthy habits in your life or home? Yes No
If yes, explain: _____

5. Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction? Yes No

If yes, explain: _____

6. Are there any circumstances or patterns in your life that would make it inappropriate for you to instruct minors or which would compromise the integrity of the Classical Consortium? Yes No
If yes, explain:

REFERENCES

Please list three people who have known you for at least one year who would be able to attest to your character and to your ability to work with children.

1. Name: _____
Length of time known: _____ Nature of association: _____
Occupation: _____
Address: _____

Home phone: () _____ Work phone: () _____

2. Name: _____
Length of time known: _____ Nature of association: _____
Occupation: _____
Address: _____

Home phone: () _____ Work phone: () _____

3. Name: _____
Length of time known: _____ Nature of association: _____
Occupation: _____
Address: _____

Home phone: () _____ Work phone: () _____

AUTHENTICITY AND AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they have regarding my character and ability to work with children. I authorize the release of the information contained in this application to Partners in Home Education. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I have carefully read and understand the criminal records release (on following page) and sign this release as my own free act.

Applicant's signature: _____ Date: _____

Please send your completed application and background check form to:

**Jennifer Burns
20106 Deer Chase Court
Deer Park, IL 60010**

