



Operation Timothy 2021-2022 Mentor Contract

Thank you so much for your decision to invest in the lives of our young men. Your task is not an easy one, but with God's help, together we can build relationships that will last a lifetime with our young men, as they develop into Christian adults and leaders. We want this to be an encouraging opportunity for both you and the students; this is why we have created this list of leadership expectations.

I, _____, commit to the following expectations:

- I have given my whole life to Christ.
- I will conduct myself in a manner that represents Jesus Christ.
- I understand the importance of discipleship and my roles as a leader in this ministry.
- I will commit to being at leadership meetings, retreats, and training.
- I will commit to communicating any time I am unable to be at any meetings, classes, or trainings.
- It is my responsibility to be where I say I'm going to be and do what I say I'm going to do.

I understand that no one is perfect, except Christ, but I also understand that ministry rises and falls on leadership. And because of that fact, I commit to giving my very best all the time, coming short some of the time, and giving excuses none of the time!

Signature: _____

Date: _____



CONFIDENTIAL

STCFCOC Background Screening Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
5 yrs (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
10 yrs (Mo/Yr) (Street) (City) (Zip/State)

DOB (mm/dd/yyyy): ____ / ____ / _____

Social Security Number: ____ - ____ - _____

Telephone Number: _____

Drivers License Number/State: _____

Gender: _____ Male _____ Female

The information contained in this application is correct to the best of my knowledge. I hereby authorize Set the Captives Free Outreach Center (STCFCOC) and its designated agents and representatives to conduct a background screening for volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions.

I am aware that this background check is only a screening tool and I may be asked to provide additional information or my fingerprints to resolve issues discovered during the screening.

STCFCOC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Applicant's Signature: _____ Date: _____

By signing this application: The applicant understands that if the background screening identifies a pending adjudication or conviction for any proscribed offenses, volunteer privileges will be withheld or revoked. The applicant hereby releases STCFCOC, its designated agents and representatives, from any and all liability of damages of any kind, as a result of this background screening. The applicant acknowledges that you have read the foregoing release, understand it and agree to the terms and conditions therein.