

OR HAOLAM MESSIANIC CONGREGATION SECURITY MINISTRY APPLICATION

BASIC INFORMATION (Please complete and check all boxes that apply)

Name _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address: _____

Occupation _____ Age _____

How long have you been attending Or HaOlam? _____ Member? ☐ Yes ☐ No

What is your experience with firearms: ☐ law enforcement ☐ military ☐ security ☐ other

What type of handgun would you carry for security ministry? _____

Have you practiced with this firearm at a shooting range in the past 12 months? ☐ Yes ☐ No

Have you completed a concealed carry weapons training course? ☐ No ☐ Yes – Year _____
(If "yes" please attach a copy of your training certificate or record if available.)

Has a criminal record check ever been done on you? ☐ No ☐ Yes – State _____ FBI _____

If Yes check the requester: ☐ Self ☐ Employer ☐ Gun Retailer ☐ Other

Year of last record check: _____ Name of Requester _____

Do you have a concealed carry weapon permit/license? ☐ No ☐ Yes – State _____

REFERENCES

Please list two references (not relatives) with whom you are personally acquainted and who will vouch for your character and faith testimony, with mailing address and telephone number. (References may be members of Or HaOlam. This requirement is waived if applicant is a member of Or HaOlam.)

1. _____

2. _____

AUTHORIZATION AND COMMITMENT

1. I authorize Or HaOlam to contact the persons listed above, and I further authorize any such persons to provide Or HaOlam with information or opinions relating to my background.

2. I have completed the Or HaOlam Statement of Commitment required of ministry volunteers.

3. I have read and agree to abide by the Or HaOlam Security Ministry Policy and Guidelines for Security Ministry.

Signature _____ Date _____