

COMPASSION ARTIST AND SPEAKER APPLICATION

ABOUT YOU

Date of Application _____ / _____ / _____
month day year

Complete this application (both sides) and return to Compassion's Artists and Speakers Network in the enclosed envelope. Or fax it to (719) 638-4365. Within two weeks a Compassion representative will contact you. Questions? Call (866) 354-9569.

Do you currently sponsor a child with Compassion? ☐ NO ☐ YES, my sponsor number is: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
SPOUSE NAME		NAME(S) OF CHILDREN	
PERMANENT ADDRESS	CITY	STATE	ZIP
ALTERNATIVE ADDRESS	CITY	STATE	ZIP
{ }	Circle one: Mobile, Home, Office	{ }	Circle One: Mobile, Home, Office
TELEPHONE NUMBER(S) DAY	TYPE	EVENING	TYPE
E-MAIL ADDRESS		Circle One: E-mail, Telephone	
		PREFERRED COMMUNICATION METHOD	
BEST TIME TO CONTACT			

ABOUT YOUR MINISTRY

BAND / GROUP NAME		
WEBSITE ADDRESS		
MYSpace ADDRESS		
NUMBER OF CONCERTS LAST YEAR	AVERAGE AUDIENCE SIZE	NUMBER OF UNIQUE (NON-RECURRING) VENUES
Circle one: under 12, age 13-18, age 18-25, age 25-39, age 40 and above	Circle one: Music, Speaking, Drama, Other (please list)	
AVERAGE AGE OF AUDIENCE	PRIMARY MESSAGE DELIVERY	

WHERE DID YOU HEAR ABOUT THE ARTISTS AND SPEAKERS NETWORK?

- ☐ Compassion Website
 ☐ GMA Academy event
 ☐ Compassion staff member
 ☐ Other artist (please list)
 ☐ Other

WHAT IS YOUR FAVORITE MOVIE? _____

PLEASE TELL US WHY YOU ARE INTERESTED IN THE ARTISTS AND SPEAKERS NETWORK:

PLEASE LIST ANY OTHER MINISTRIES YOU ARE AFFILIATED WITH:

WHAT IS YOUR FAVORITE SPORT/TEAM? _____

SPECIFY T-SHIRT SIZE: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

CHURCH INFORMATION

LOCAL CHURCH/FELLOWSHIP YOU ATTEND

PASTOR (OR SPIRITUAL LEADER WHO KNOWS YOU)

POSITION, IF NOT SENIOR PASTOR

E-MAIL ADDRESS

[]

DAY PHONE

[]

EVENING PHONE

CHURCH'S MAILING ADDRESS

CITY

STATE

ZIP

[]

PHONE NUMBER

STATEMENT OF FAITH

1. We believe the Holy Scriptures as originally given by God to be divinely inspired, infallible, entirely trustworthy; and the supreme authority in all matters of faith and conduct.
2. We believe that there is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
3. We believe in our Lord Jesus Christ, God manifest in the flesh, His virgin birth, His sinless human life, His divine miracles, His vicarious and atoning death, His bodily resurrection, His ascension, His mediatorial work, and His Personal return in power and glory.
4. We believe in the salvation of lost and sinful man through the shed blood of the Lord Jesus Christ by faith apart from works, and regeneration by the Holy Spirit.
5. We believe in the Holy Spirit, by whose indwelling the believer is enabled to live a holy life, to witness and work for the Lord Jesus Christ.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, they that are lost unto the resurrection of damnation.
7. We believe in the unity of the Spirit of all true believers, the Church, the Body of Christ.

ARTIST STATEMENT

I certify that the answers provided are true and complete to the best of my knowledge. I have read and am in agreement with Compassion's Statement of Faith. Compassion may request and receive reports, records or other information necessary for a decision to accept or reject my status either before becoming part of Compassion's Artists and Speakers Network or after I begin.

I understand that I am serving as a volunteer to perform tasks and will not receive wages, salary or other forms of compensation or benefits. This includes, and is not limited to, payments for minimum wage, overtime hours, unemployment compensation, personal injury claims, property claims, property damage or other forms of loss resulting from volunteer efforts. Any future compensation will be negotiated separately to this agreement.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

DATE

PLEASE FEEL FREE TO INCLUDE ANY RELATED MATERIALS (CDS, PRESS KITS, BIOS) WITH THIS APPLICATION.

CONFIDENTIAL

COMPASSION INTERNATIONAL – ARTISTS AND SPEAKERS NETWORK BACKGROUND CHECK AUTHORIZATION

Complete this form and return to Compassion's Artists and Speakers Network in the enclosed envelope. Or fax it to [719] 638-4365. Within two weeks a Compassion representative will contact you. Questions? Call [866] 354-9569.

PRINT NAME: FIRST MIDDLE LAST

FORMER NAME(S) USED AND DATES: MAIDEN YEAR MARRIED

PLEASE INCLUDE ADDRESSES FOR THE LAST **SEVEN YEARS**. USE ADDITIONAL PAPER IF NECESSARY

CURRENT ADDRESS SINCE: MO/YR STREET CITY STATE/ZIP

PREVIOUS ADDRESS SINCE: MO/YR STREET CITY STATE/ZIP

PREVIOUS ADDRESS SINCE: MO/YR STREET CITY STATE/ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER/STATE

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Compassion International – Artists and Speakers Network** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report and/or investigative consumer report may include but is not limited to the following areas: verification of Social Security number, current and previous residences, employment history, employment credit history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state and county jurisdictions, driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Compassion International – Artists and Speakers Network** or its agents. I further authorize the complete release of any records or data pertaining to me that the individual, company, firm, corporation or public agency may have, to include information or data received from other sources.

I hereby release **Compassion International – Artists and Speakers Network**, the Social Security Administration and its agents, officials, representative or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

SIGNATURE

DATE