

CONFIDENTIAL

VOLUNTEER APPLICATION FORM

This application is to be completed by all applicants for any position involving the supervision or care of minors.
It will help our church family provide a safe and secure environment for minors.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	M.I.	DATE
PRESENT ADDRESS			SS#
CITY	STATE	ZIP CODE	MARITAL STATUS
HOME PHONE	WORK PHONE	CELL PHONE	
OCCUPATION		EMAIL	
On what date would you be available to begin?		What is your minimum length of commitment?	
Do you have a current driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE ISSUED	DRIVERS LICENSE #
Have you ever been charged with, indicted for, or plead guilty to an offense involving a minor?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe all convictions for the past five years:			
CHURCH ACTIVITY			
When did you make your profession of faith in Christ?		When were you baptized?	
Have you joined our church? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, of which church are you a member?	
List (name and address) other churches you have attended regularly during the past five years:			
List previous church work involving minors:			
Church Name	Complete Address	Type of Work Performed	Dates
1.			
2.			
3.			
4.			
5.			

(Please complete information on back.)

Organization	Complete Address	Types of Work Performed	Dates
1.			
2.			
3.			
4.			
5.			

List any gifts, callings, training, education, or other factors that have prepared you for teaching:

Sample

Personal References (not former employers or relatives):

Name	Complete Address	Telephone Number(s)
1.		
2.		
3.		

APPLICANT'S STATEMENT

The information I have provided in this application is correct to the best of my knowledge. I authorize references or churches listed in this application to provide information or opinions they may have regarding my character and fitness for working with children. I release the churches, individuals representing the churches, and all reference from any liability in their compliance with this authorization. I also waive any right I may have to inspect references, letters, or statements.

I give my permission to (Name of Church) to conduct background checks regarding criminal records, drivers license records, employment, education and personal references, as well as maintain my fingerprints and /or photo ID on file as needed for church use with regard to positions in which I supervise, teach, or care for minors.

Should my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services for the church.

I further state that I have carefully read the foregoing release and know the content thereof, and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand. I understand that this information provided about me will be held as confidential.

Applicant's Signature _____ Date _____

Witness _____ Date _____

Disclaimer

This form is solely for illustrative purposes. State and local laws may vary. It is recommended that each church solicit the advice of an independent and qualified attorney. The South Carolina Baptist Convention, LifeWay Christian Resources nor the Southern Baptist Convention assumes any liability for reliance on this form.