

Confidential Screening Form

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

PERSONAL

Last Name _____ First Name _____ Middle Initial _____

Present Address _____

City _____ State _____ Zip _____ Date _____

Home Phone (_____) _____ Work Phone (_____) _____

Drivers License # _____ State _____ Social Security # _____

Date of Birth _____ Please circle gender M / F

Email _____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? No Yes

If yes, please describe all convictions for the past five years. _____

Were you a victim of abuse or molestation while a minor? No Yes

- If you prefer, you may refuse to answer this question.
- You may discuss your answer in confidence with one of the ministers rather than answering on this form.
- Answering yes or leaving the question unanswered will not automatically disqualify you.

CHURCH HISTORY

_____ When did you make your profession of faith in Christ?

_____ When were you baptized?

List any gifts, callings, training, education, or other factors that have prepared you for working with children.

Are you a member of this church? No Yes If yes, how long have you been a member? _____

1. If no, list your church membership contact information below.
2. Please list other churches you have attended regularly during the past five years, on the next page.
3. Include the type of work involving children that you performed.

Church (Membership) Name _____

Church Address _____ Church Phone (_____) _____

City/State/Zip _____

Type of work involving children _____ Dates of Service _____

Office Use Only: Position: Volunteer Preschool Employee Submitted By: _____
Date: _____

CHURCH HISTORY CONTINUED

Church (Membership) Name _____

Church Address _____ Church Phone (____) _____

City/State/Zip _____

Type of work involving children _____ Dates of Service _____

Church (Membership) Name _____

Church Address _____ Church Phone (____) _____

City/State/Zip _____

Type of work involving children _____ Dates of Service _____

PERSONAL REFERENCES (not former employers or relatives)

Name	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all previous **non-church** work involving children. Attach additional sheet if necessary.

Organization	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Statement (Please read and initial each statement.)

- _____ The information contained in this application is correct to the best of my knowledge.
- _____ I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children or youth.
- _____ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
- _____ I **waive** / **do not waive** any right I may have to inspect references provided on my behalf.
- _____ In the event of my employment and/or volunteer services, I agree to:

- be bound by the bylaws and policies of First Baptist Church of Rockport.
- to refrain from unscriptural conduct in the performance of my services on behalf of the church,
- follow the two adult rule,
- provide supervision of children and youth before, during, and after church-sponsored activities,
- obtain parental permission for church-sponsored activities,
- report any suspicious behavior,
- leave windows and doors uncovered.

_____ I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Witness _____ Date _____

Parent/Guardian Signature _____ Date _____

(if under 18 years of age)

Authorization for Criminal Records Check

I, the undersigned, hereby authorize the appropriate law enforcement agencies to release to the First Baptist Church of Rockport any and all information that pertains to any record of convictions contained in its files, or in any criminal file maintained on me whether local, state, or national.

I hereby release all such agencies from any and all liability from such disclosure.

I understand all such information, may be view by me, and will be held in strict confidentiality, to be viewed only by the ministerial staff.

Signature

Please print name

Please print maiden name (if applicable)

Signature of parent/guardian if under 18 years of age