

# //Volunteer Worker Application and Screening Form//

## For Preschool, Children and/or Youth Workers

(Church, City, State)

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It will help our church family provide a safe and secure environment for all preschoolers, children and youth who participate in our ministries and use our facilities.

### //Personal Info//

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_ SS # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

On what date would you be available to begin? \_\_\_\_\_

When will you need your service in this capacity to end? \_\_\_\_\_

Do you have a current driver's license? \_\_\_Yes \_\_\_ No State: \_\_\_\_\_ DL #: \_\_\_\_\_

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe all convictions for the past five years:

\_\_\_\_\_

Were you a victim of abuse or molestation while a minor? \_\_\_Yes \_\_\_ No

Have you been accused or convicted of molestation or abuse of a minor? \_\_\_Yes \_\_\_ No

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

### Zero-Tolerance Policy

Our youth ministry and church is committed to a positive, uplifting, Christian environment. We do not tolerate and expressly prohibit sexual harassment and sexual abuse. This policy applies to everyone associated with our church and youth ministry whether employees, called staff, church members, volunteers, sponsors, campers, students, contractors, and vendors of (Church Name, City, State). Suspected violations of this policy are to be reported immediately to church leadership. Upon completion of an investigation, suspected violators of this policy will be removed from the leadership of (Church Name, City, State). Employees of (Church Name, City, State) who are suspected of violating this policy will be subject to disciplinary action, up to and including termination of employment, and criminal prosecution may ensue. Suspected abuse or neglect of a minor, whether on or off church property or whether perpetrated by church personnel or others, will be reported to state authorities, as required by law.

**//Spiritual Life/ Church Activity//**

When did you make your profession of faith in Christ? \_\_\_\_\_  
(Briefly explain your experience on the back of this paper)

When were you baptized? \_\_\_\_\_ Are you a member of our church? \_\_\_ Yes \_\_\_ No

If you are not a member of our church, where are you a member? \_\_\_\_\_

Discuss how God is using you now and what He is doing in your life right now: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mark which of these you are involved in and the degree of regularity:

	Weekly	Often	Seldom	Never
Daily Devotional Time				
Scripture Reading				
Personal Bible Study				
Scripture Memory				
Accountability Relationships				
Evangelism/ Witnessing				
Service/ Ministry				
Sun. Morning Small Groups (Sun. School, Morning Bible Study)				
Sun. Evening				
Church Worship Services				
Mid-week Bible Studies				
Camps, Retreats				
Other: (mission opportunities etc.)				

List (name and address) of other churches you have attended regularly during the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all previous church work involving preschoolers, children, or youth:

Church name	Address	Type of work	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the name of the ministry leader in those places who supervised your work:

Name	Church	Position	Contact Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all previous non-church work involving preschoolers, children, or youth:

Organization	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any gifts, trainings, education, or other factors that have prepared you for teaching preschoolers, children, or youth or leading small groups: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any experience you have in planning, organizing, implementing, or supervising youth or children's church events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous camp, youth ministry, children's ministry, and mission experience (use the back of this page if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you seek this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which area/ what age group do you prefer to volunteer? (Circle one)

- Babies      pre-school      elementary children      middle school students      high school students

**//Personal Behavior//**

Circle one choice for each of the following:

A. Moral Purity is:

- 1. A Struggle/Stronghold
- 2. A Victory/Testimony
- 3. Never Been an Issue

B. Drugs/Alcohol is:

- 1. A Struggle/Stronghold
- 2. A Victory/Testimony
- 3. Never Been an Issue

C. Tobacco is:

- 1. A Struggle/Stronghold
- 2. A Victory/Testimony
- 3. Never Been an Issue

D. Self Worth is:

- 1. A Struggle/Stronghold
- 2. A Victory/Testimony
- 3. Never Been an Issue

**//Personal References (no former employers or relatives)//**

Organization	Name	Address	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant's 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 preschoolers, children, and/ or youth. In consideration of the receiving and evaluation of this application by **CHURCH, CITY, STATE**, I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf.

I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application

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 on behalf of the church. I further state; I agree to observe all church policies regarding working with the preschoolers, children and/or youth.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Signature \_\_\_\_\_ 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 Baptist General Convention assumes no liability for reliance on this form.

**For Office Use Only**

Interview Date: \_\_\_\_\_

Training date(s) completed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**//REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION//**

I hereby request the County Sheriff's Department to release any information which 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 said Sheriff's Department from any and all liability resulting from such disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print maiden name (if applicable)

\_\_\_\_\_  
Print all aliases

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Today's Date

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**For Office Use Only**

Record sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S  
A  
M  
P  
L  
E

**//REFERENCE CONTACT FORM//**

(Confidential)

Record of Contact with a Reference or Church

Identified By an Applicant for Preschool, Children and/or Youth Workers

S

Name of Applicant \_\_\_\_\_  
Last First Middle

Reference and position or church contacted (if a church, identify both the church and person or minister contacted.) \_\_\_\_\_

A

Date and time of contact) \_\_\_\_\_

Person contacting the reference or church \_\_\_\_\_

M

Method of contact (phone, letter, personal conversation, email) \_\_\_\_\_

Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness and suitability for preschool, children and/or youth work). \_\_\_\_\_

P

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

L

\_\_\_\_\_  
Signature

E

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date