

CHILD/YOUTH WORKER APPLICATION FORM

It is the goal of this church to create a safe and secure environment for all children and workers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth program. This information will be used for the sole purpose of helping the church provide a safe and secure environment for children and workers.

| Name: | Date: | | | |
|---|----------------------|---------------------|----------------|--------------------------------|
| Have you ever used name(s) | other than the one | above? If yes, ple | ease list: | |
| Current address: | | | | |
| City: S | tate: | ZIP: | | Years at address: |
| Current phone number: (Hom | e/Cell) | | _ (Work) | |
| Position volunteering for: | | | | |
| When are you available to be | gin? | | | |
| Is there any reason you should | l not work with or | around children | or youth? | |
| Have you ever been the subje | ct of a child abuse | investigation? | If yes | , please provide details: |
| Have you ever been convicted | l of or pleaded gui | lty to a criminal o | ffense? I | f yes, please provide details: |
| Church information: How long have you attended to | his church? | Ar | e you a member | ? |
| List other churches you have | been affiliated with | 1: | | |
| Have you ever worked with y | outh or children be | efore?L | ist where: | |

| Name: | Phone: | |
|---|---|--|
| Address: | | Years known each other: |
| Name: | Phone: | |
| Address: | | Years known each other: |
| | AL AND SEX OFFENSE BAC HISTORY CHECK HORIZATION/WAIVER/INDI | |
| RELATING TO MY CRIMINAL AND DATA.COM. THE CRIMINAL AND REPORTING AGENCIES, MAY INCIGAINS AND DEFERRED ADJUDICAIN PART, TO DETERMINE MY ELICATHIS CHURCH ORGANIZATION. IT TEER OR PAID EMPLOYEE, THE COMAY BE REPEATED AT ANY TIME. REVIEW THE CRIMINAL AND/OR CLARIFICATION, IF I DISPUTE THE I, THE UNDERSIGNED, DO FOR MY HEREBY REMISE, RELEASE, AND BAPTIST CHURCH AND PUBLICDA AGENTS HARMLESS FROM AND ATIES, COSTS, DEBTS AND SUMS O | O/OR SEX OFFENSE HISTORY OR SEX OFFENSE HISTORY LUDE ARREST AND CONVI- ATIONS. I UNDERSTAND THE GIBILITY FOR A VOLUNTEE ALSO UNDERSTAND THAT CRIMINAL AND/OR SEX OFF. I UNDERSTAND THAT I W SEX OFFENSE HISTORY AN E RECORD AS RECEIVED. YSELF, MY HEIRS, MY EXE FOREVER DISCHARGE AN ATA.COM AND EACH OF THA AGAINST ANY AND ALL CA OF MONEY, CLA IMS AND DE ATION OF MY BACKGROU | RECORDS, AS RECEIVED FROM CTION DATA AS WELL AS PLEA BAR HIS INFORMATION WILL BE USED, OR AND/OR PAID POSITION WITH AS LONG AS I REMAIN A VOLUNFENSE HISTORY RECORDS CHECK ILL HAVE AN OPPORTUNITY TO ID A PRECEDURE IS AVAILABLE FOR CUTORS AND ADMINISTRATORS, DEAGREE TO INDEMNIFY HARMONY HEIR DIRECTORS, EMPLOYEES, AND USES OF ACTIONS, SUITS, LIABILIEMANDS AND OTHER EXPENSES ND IN CONNECTION WITH MY AP- |
| Print name on driver's license: First, N | Middle, and Last Name | |
| Date of Birth | | |
| Driver's License (State and Number) | | |
| Applicant Signature | | |