



Confidential Volunteer Worker Application

Seminole First Baptist Church handles itself in an Equal Opportunity Fashion.
 Federal, State, and Local Laws Prohibit Discrimination on the Basis of Race
 Color, Religion, Sex, Age, National Origin, or Disability.

Access to this form will be limited to the pastor, ministerial staff, and screening personnel. This form must be completed by all volunteer applicants for any position involving the supervision or care of minors, food services, or any other position providing direct services to our Church Family and Community.
 (Example: Kitchen Team, Nursery/Children/Youth Workers, 2C13 workers, etc.)

PERSONAL INFORMATION		PLEASE PRINT CLEARLY		
Last Name	First Name	MI.	Social Security #	Birth Date (MM/DD/YYYY)
Current Address	City	State	Zip Code	Home Phone ()
Cell Phone ()	Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain on the back. (A conviction record may or may not be a bar to acceptance)			
Drivers License (State and Number)	Email Address			

Volunteer Position Desired?

CURRENT OCCUPATION / EMPLOYMENT		
Location	Address	Supervisor/Title
Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Duties Performed

CHURCH ACTIVITY	
Have you made a profession of Faith in Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No	When: Where:
Have you been Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	When: Where:
Do you attend Seminole First Baptist Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how long?

CHURCH HISTORY ((Please list name and address of other churches you have attended regularly during the past 10 years))			
Name 1.	Address	City & State	Activities participated in
2.			
3.			

VOLUNTEER HISTORY ((Please list non-church locations/activities where you've volunteered))			
Name 1.	Address	City & State	Activities participated in
2.			
3.			

REFERENCES ((Please list three references))			
Name 1.	Address	City & State	Phone
2.			
3.			

SIGNATURE
 I certify that the information contained on this application is correct and understand that any material misrepresentation or omission of a fact in my application may be justification for non-approval. I authorize investigation of all statements contained in this application and understand a criminal history and sex offender search will be conducted. I release all parties from all liability from furnishing this information to you. I understand and agree that Seminole First Baptist Church 's volunteer policies, manuals, and handbooks are not expressed or implied agreements and that these documents and other terms and conditions of volunteer status may be changed at the discretion of Seminole First Baptist Church at any time. I understand and agree that my volunteer status with Seminole First Baptist Church can be terminated by me or Seminole First Baptist Church at any time for any reason.

Signature	Date
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Employment Application

Seminole First Baptist Church is an Equal Opportunity Employer.
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PERSONAL INFORMATION	PLEASE PRINT CLEARLY			
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Last Name	First Name	MI.	Social Security #	Email Address
Address	City	State	Zip Code	Home Phone ()
Have you been employed by another Baptist Church? <input type="checkbox"/> No <input type="checkbox"/> Yes, name and dates of employment:	Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain on the back. (A conviction record may or may not be a bar to employment.)			
Are you under 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes, If "yes" give date of birth:	Are you related to anyone in our employment? <input type="checkbox"/> No <input type="checkbox"/> Yes Name:			
Do you attend Seminole First Baptist Church? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a member? <input type="checkbox"/> No <input type="checkbox"/> Yes	Position Desired	Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Pay Expected \$

How did you hear about us?

EMPLOYMENT (List Most Recent Job First)

Company/Church	Address	Supervisor/Title	
Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Duties Performed	
Date of Employment From: To:	Reason For Leaving	Rate of Starting Pay \$	Rate of Ending Pay \$
Company	Address	Supervisor/Title	
Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Duties Performed	
Date of Employment From: To:	Reason For Leaving	Rate of Starting Pay \$	Rate of Ending Pay \$
Company	Address	Supervisor/Title	
Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Duties Performed	
Date of Employment From: To:	Reason For Leaving	Rate of Starting Pay \$	Rate of Ending Pay \$

EDUCATION (Name, City, & State of School)	YRS COMPLETED	MAJOR	DIPLOMA/DEGREE	DID YOU GRADUATE?
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High School				<input type="checkbox"/> No <input type="checkbox"/> Yes
College				<input type="checkbox"/> No <input type="checkbox"/> Yes
Technical/Other				<input type="checkbox"/> No <input type="checkbox"/> Yes

REFERENCES (Not relatives) Please provide three work related references.
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Name 1.	Company/Position	City & State	Work Phone Number ()
2			()
3			()

SIGNATURE

I certify that the information contained on this application is correct and understand that any material misrepresentation or omission of a fact in my application may be justification grounds for dismissal. I authorize investigation of all statements contained in this application, a criminal history and credit history on me, and I release all parties from all liability from furnishing this information to you. I understand and agree that Seminole First Baptist Church 's employment policies, manuals, and handbooks are not expressed or implied contracts and that these documents, wages, benefits, and other terms and conditions of employment may be changed at the discretion of Seminole First Baptist Church at any time. I understand and agree that my employment with Seminole First Baptist Church will not be for a fixed period of time and that it can be terminated by me or Seminole First Baptist Church at any time for any reason without liability to me for wages, salary, or benefits except what I have earned as of the date of termination.

Signature	Date
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Personal Questionnaire/Consent Form

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The following information is requested from all volunteer applicants to document the church's good faith effort to provide appropriate workers and protect children. Because of the personal and private nature of the information, your answers will be kept confidential.

PERSONAL QUESTIONNAIRE

Do you have any physical, mental, health, or life-style problems (please list) which could keep you from effectively working with children or that could cause potential harm? _____ Yes _____ No

If yes, please list and explain:

Have you ever abused or been convicted of a drug or alcohol related offense? _____ Yes _____ No

If yes, please list and explain:

YES / NO (Please Initial)

- _____ Do you enjoy the energy, spontaneity, and curiosity of preschoolers and children?
- _____ Are you at least 18 years of age?
- _____ Are you willing to read and follow your church's policies regarding caring for and teaching preschoolers and children?
- _____ Are you willing to attend an orientation meeting on your church's policies regarding hygiene, safety, and security procedures?
- _____ Are you willing to receive training on meeting the physical, mental, emotional, social, and spiritual needs of preschoolers and children?
- _____ Will your own spiritual growth and participation in worship services continue to be a priority in your life?

Consent for Background Check

The information I have provided in this application is true and 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 all parties, to include churches, individuals representing the churches, and all references from any liability in their compliance with this authorization. I understand that I may not have access to references, letters, or statements as a result of background checks. I give my permission to First Baptist Church, Seminole to conduct background checks regarding criminal records, drivers license records, employment, education, and personal references, as well as maintain my 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 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.

Applicant's Signature _____ Date _____



AUTHORIZATION FOR SEMINOLE FIRST BAPTIST CHURCH
TO OBTAIN BACKGROUND REPORTS

I authorize Seminole First Baptist Church to obtain background reports. I understand that inquiry may include, but not limited to: conviction records, motor vehicles records, references, and copies of prior personnel files.

Date: / /

Printed name of Individual (Last, First, MI): _____

Date of Birth: ____/____/____

Social Security Number: ____ - ____ - ____

Driver's License's (State and Number) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____