FIRST BAPTIST CHURCH, JONESBORO

APPLICATION FOR STAFF & VOLUNTEERS

Our goal is to create the safest possible environment for our staff and volunteers and those we serve. This confidential application should be completed by any person seeking to fill a position involving the supervision of children, youth or vulnerable adults. The information gathered will help us continue to ensure the safety of everyone in our church.

Personal Information:

Full Name: _____ Date: _____

Address: _____

_____

Date of Birth: _____ Age: _____

Phone Number(s): _____

Email Address: _____

Driver's License State: _____ Driver's License #: _____

Previous Experience:

Please list all previous volunteer work or employment involving children, youth, or vulnerable adults. Use the back of this application if you need more space.

Organization Name & City/State : _____

Dates Served: _____ Contact Person: _____

Duties/Responsibilities: _____

Reason for leaving: _____

Organization Name & City/State : _____

Dates Served: _____ Contact Person: _____

Duties/Responsibilities: _____

Reason for leaving: _____

Organization Name & City/State : _____

Dates Served: _____ Contact Person: _____

Duties/Responsibilities: _____

Reason for leaving: _____

List any skills, training, or other experience that have equipped you to work with children, youth, or vulnerable adults: _____

_____

Why do you want to work with children, youth, or vulnerable adults at First Baptist?

_____

_____

In what age groups or areas are you interest in teaching?

_____

Release:

I, (applicant's full name) _____, understand that First Baptist Church Jonesboro is relying on the accuracy of all information given on this application. With my signature below, I attest and affirm that the information provided is accurate and truthful. I understand any intentionally false or inaccurate information provided by myself on this application shall be grounds for denial of the application.

I authorize First Baptist Church to contact all individuals, organizations, and references listed on this Application Form and the separate Reference Form. I also authorize any such person, church, or organization to provide First Baptist with information and opinions relating to my background and/or qualifications.

I agree to release from liability any person, church, or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

I specifically authorize First Baptist to undertake a criminial background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law. I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

Signature: _____ Date _____/_____/_____

Minor Applicant's Parental Consent:

I, (parent/legal guardian's full name) _____, affirm that I am the parent/legal guardian of the applicant. With my signature below, I attest and affirm that the information provided is accurate and truthful. I further attest and affirm that I am not aware of any harmful tendencies or traits of the applicant that may pose any threat to children, youth, or vulnerable adults.

Signature: _____ Date _____/_____/_____

DISCLOSURE FORM

1. Have you been a member or regular attender of this church for at least six months?
___Yes ___No. *If not, and you've been given an exception to this requirement, share the exception here:* _____
_____

2. I have never been found guilty, or pled guilty or no contest, to a criminal charge related to sexual discriminations, sexual harassment, sexual assault, sexual abuse, physical abuse, or child abuse. ___ True ___ Not True

3. No civil lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual assault, sexual abuse, physical abuse, or child abuse has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations had expired. _____ True _____ Not True
If not true, please give explanation on a separate sheet indicating date, nature, place of incident.

4. My employment, professional credentials, or service in a volunteer position were never terminated due to allegations of actual or attempted sexual discrimination, sexual harassment, sexual assault, sexual abuse, physical abuse, or child abuse.
_____ True _____ Not True
If not true, please give explanation on a separate sheet.

5. I am available to drive as part of my ministry at the church. If not, please skip to #7.

   Driver's License Number: _____

   State of Issue: _____ Expiration Date: _____

6. I have not had my driver's license suspended or revoked within the last 5 years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance. _____ True _____ Not True
If not true, please give explanation on a separate sheet.

   My vehicle insurance coverage is up-to-date. (Please attach a copy of your current auto insurance card and driver's license.)

7. There are no facts or circumstances involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying. _____ True _____ Not True
If not true, please give explanation on a separate sheet.

_____ _____
Volunteer Signature *Date*

_____ _____
Guardian Signature (if volunteer is 18 years of age or under) *Date*

REFERENCE CHECK RELEASE

Date: _____ Full Name: _____

Please list three (3) individuals, 18 years or older, who can serve as references for your experience with caring for children. Only one (1) of these individuals may be a family member.

Reference Name: _____

Phone Number(s): _____Email: _____

Your relationship to this reference: _____

Reference Name: _____

Phone Number(s): _____Email: _____

Your relationship to this reference: _____

Reference Name: _____

Phone Number(s): _____Email: _____

Your relationship to this reference: _____

I, _____ (volunteer name), authorize a representative of First Baptist Church to contact any of the individuals listed above or others who may have knowledge of my ability to care for children. I recognize that the reference checking process occurs for all FBC volunteers caring for children in order to protect those that are entrusted to our care.

_____ _____

Volunteer Signature *Date*

BACKGROUND CHECK AUTHORIZATION

I authorize First Baptist Church of Jonesboro to solicit background information relative to my criminal record history. I understatnd that First Baptist Church of Jonesboro may make inquiries into my background that may include motor vehicle records, personal references, criminal records, and any other public record reports pertaining to me.

I authorize, whithout any reservations, any person, agency, or other entity contracted by First Baptist Church of Jonesboro, or their agent, for purposes of obtaining background report information to furnish the above-mentioned information.

I release First Baptist Church of Jonesboro, their respective employees, or agents, and empolyees of their agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing any such information.

Full Name: _____ Date: _____

Other Name(s) Used: _____

Social Security No: _____

Date of Birth: _____

Current Address: _____

_____

How long at this address? Years: _____ Months: _____

Previous Address: _____

_____

How long at this address? Years: _____ Months: _____

_____ _____

Volunteer Signature *Date*