

Faith Baptist Church Ministry Volunteer Application

This application is to be completed by all those desiring a ministry position involving the supervision of custody of minors. It is strictly used to help the church provide a safe and secure environment for the children who participate in the programs at Faith Baptist Church.

Please circle the Ministry or Ministries of Your Choice

Preschool Children (K-5) Middle School (6th-8th) High School (9-12th)

AWANA Cubbies (3-5yr olds) AWANA Sparks (K5-2nd Gr.) AWANA T&T (3rd-5th Gr.) VBS

Legal Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

___ Male ___ Female Birth Date: ___ / ___ / ___ Home Phone: _____

Cell/Pager: _____ Work Phone: _____ Best time to call: _____

Email: _____ Marital Status: _____

Spouse's Name: _____ Number of Children: _____ Ages: _____

Children's Names/Grades:

Emergency Contact: _____ Phone Number: _____

Occupation _____

Place of Employment: _____ Number of Years: _____

List all counties (including state) that you have resided in the past:

Do you have a personal relationship with Jesus Christ? ___ briefly describe:

How long have you been a member of Faith Baptist Church?

List the name, city & state of organizations where you have volunteered in the past:

List any leadership/volunteer experience you have with children:

List any training/education that has prepared you to work with children:

List any other Faith Baptist Church Ministries you have been/are involved in:

References

Personal Reference (not related)

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Relationship to you: _____

How long have you known him/her?

(Explain): _____

Family Reference

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Relationship to you: _____

How long have you known him/her?

(Explain): _____

Professional Reference

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Relationship to you: _____

How long have you known him/her?

(Explain) _____

_____ Approved Date Approved/Disapproved: _____

_____ Disapproved Authorizing Signature: _____

Official Use Only:

I give my authorization to Faith Baptist Church or its representatives to receive any and all records and information relating to working with minors. Faith Baptist Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children's worker. I understand that the personal information in this application will be held confidential by the professional church staff.

I have also received and reviewed a copy of the Faith Baptist Church Child, Youth and Worker Protection Policy and/or the Faith Baptist Church Child, Youth and Worker Protection Policy for Nursery.



I, _____ understand that it is in the sole discretion of Faith Baptist Church to decide whether my background check meets the requirements to work and/or volunteer in any department of this church. I further understand that there are no set guidelines to approve or deny any applicant.

Applicant Signature

Date

The information contained in this application is correct to the best of my knowledge. I, the undersigned, hereby give my authorization to Faith Baptist Church or its representatives to receive any and all records and information relating to working with minors. Faith Baptist Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children's worker. I understand that the personal information in this application will be held confidential by the professional church staff.

Name

Date