

FIRST BAPTIST CHURCH OF SUFFOLK 2016
(confidential volunteer form)

Children's / Youth Worker Volunteer Application

PERSONAL

Name: _____ Date of Birth: _____

Street Address: _____

EMAIL address: _____

S.S. #: _____ Age Range: __under 18 __18-25 __over 25

Which children's / youth program are you seeking to become involved?

What skills would you bring to the children/ youth programs? _____

What other children/youth experience do you have? (please list)

Organization	Program	Dates	Contact Information

Have you at any time ever:

- | | | |
|---|-------|------|
| 1. Been arrested for any reason? | __Yes | __No |
| 2. Been convicted of, or pleaded no contest to any crime? | __Yes | __No |
| 3. Engaged in, or been accused of any child molestation, Exploitation or abuse? | __Yes | __No |

Are you aware of:

- | | | |
|---|-------|------|
| 1. Having any traits or tendencies that could pose any threat to Children, youth or others? | __Yes | __No |
| 2. Any reason why you should not work with children, youth or others? | __Yes | __No |

If you answered "yes" to any of the questions above, please explain in detail:

_____ Over→

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CHURCH ACTIVITY

What church or churches have you attended in the past 5 years?

Church Name	Pastor's Name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES:

Name / Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION VERIFICATION AND RELEASE

I recognize that the organization, to which this application is being submitted, is relying on the accuracy of the information contained herein. Accordingly, I attest that all the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in the application, and I further authorize any such person or entity to provide the organization with information, opinions, and impression relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relation to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed Name: _____

Signature: _____

Date: _____