

# SBBC VOLUNTEER CHILDREN'S WORKER APPLICATION

This form is to be completed in ink by any applicant for a volunteer position within Summit Baptist Bible Church's children's ministries. We recognize that this form is extensive, but ask for your patience in completing the form in its entirety. Your cooperation will assist church leaders in their efforts to provide a secure environment for you as a volunteer as well as the children, youth and adults who participate in our ministry program and use our facilities.

## PERSONAL INFORMATION

Name (first, middle & last) \_\_\_\_\_

Date \_\_\_\_\_

If you have used other names, please provide complete name(s) and date in use:

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Marital Status  Single  Engaged  Married  Widowed  Divorced Maiden Name \_\_\_\_\_

*If you have lived at your current address for less than seven years, please provide information on all addresses during that period.*

Previous Address \_\_\_\_\_ Dates \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ Dates \_\_\_\_\_

City, State & Zip \_\_\_\_\_

## EMPLOYMENT HISTORY

Present Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Position \_\_\_\_\_  Full-time  Part-time

Dates \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*If you have been employed at this position for less than 2 years, provide information on each job during that period (attach a separate page if needed)*

Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Position \_\_\_\_\_  Full-time  Part-time

Dates \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## OFFICE USE ONLY

Membership:  Full  Collegiate

Waiting Period Starting Date \_\_\_\_\_

Written Application Received Date \_\_\_\_\_

References Checked

Personal Interview with \_\_\_\_\_ Date: \_\_\_\_\_

Background Check Completed Date \_\_\_\_\_

**What type of ministry do you prefer? Please circle all categories that apply.**

<i>Age Level</i>	<i>Services</i>	<i>Ministry Interest</i>	<i>Ministry Program</i>
Nursery (0-2 years)	1 <sup>st</sup> Service	Teaching	Sunday School/Bible
Early Childhood (2-5 years)	ABF Hour	Teaching Assistant	Teaching
Elementary (6-11 years)	Wednesday	Administration	Children's Church
Youth (12-17/18 years)		Music	Youth Group
College Age		Arts, Crafts	Outreach
Adult		Games, Activities, Drama	VBS

**MINISTRY HISTORY**

Please list the most recent church you have attended regularly, other than Summit Baptist Bible Church.

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates \_\_\_\_\_

Position/Ministry \_\_\_\_\_

Ministry Leader/Pastor \_\_\_\_\_

Date Contacted \_\_\_\_\_ Contact Method  Phone  Letter  Email  Reference Form  Other: \_\_\_\_\_

Person that made contact \_\_\_\_\_ Did the reference refuse to provide information?  Yes  No

Summary of contact \_\_\_\_\_

**SPIRITUAL HISTORY**

How long have you attended Summit Baptist Bible Church? \_\_\_\_\_

Are you a member of this church?  Yes  No - *If no, application cannot be processed*

Do you attend regularly?  Yes  No If yes, which services? \_\_\_\_\_

In a brief paragraph, please outline your spiritual journey, including when you received Christ as Savior.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In a brief paragraph, please describe your relationship with God at this point. What are you doing to continue to grow?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## QUALIFICATIONS AND AVAILABILITY FOR SERVICES

Briefly share your motivation for wanting to serve in the ministries of Summit Baptist Bible Church.

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On what date would you be available to begin your ministry? \_\_\_\_\_

Describe any condition or limitation that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (i.e. lifting, handling an emergency, driving, participating in certain sports, etc.). \_\_\_\_\_

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Do you have a contagious or infectious disease or condition which could be transmitted to others in the volunteer work you would be performing?  Yes  No If yes, please explain. \_\_\_\_\_

## PERSONAL REFERENCES *(PLEASE PROVIDE INFORMATION FOR TWO INDIVIDUALS WHO ARE NOT RELATED TO YOU)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Date Contacted \_\_\_\_\_ Contact Method  Phone  Letter  Email  Reference Form  Other: \_\_\_\_\_

Person that made contact \_\_\_\_\_ Did the reference refuse to provide information?  Yes  No

Summary of contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Date Contacted \_\_\_\_\_ Contact Method  Phone  Letter  Email  Reference Form  Other: \_\_\_\_\_

Person that made contact \_\_\_\_\_ Did the reference refuse to provide information?  Yes  No

Summary of contact \_\_\_\_\_

## LEGAL QUESTIONNAIRE

**CONFIDENTIAL** - Your responses will be maintained confidentially, although there may be circumstances where such information may be provided on a "need to know" basis to individuals working with our ministry in order to evaluate your application and/or to comply with applicable legal requirements.

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge.  Yes  No

*If yes, please attach a statement or explanation, including nature of offense, date, court where conviction was entered and any other relevant information.*

2. Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in question 1 above)?  Yes  No

*If yes, please attach a statement or explanation, including nature of offense charged, date, law enforcement agency making the charge and any other relevant information.*

3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children?  Yes  No

*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children?  Yes  No

*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide child care or similar services?  Yes  No

*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children?  Yes  No

*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer?  Yes  No

*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

8. Have you used drugs recreationally, alcohol, intentionally viewed pornography, or had uncontrolled fits of anger or rage resulting in physical contact in the last six months?  Yes  No

*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever had any DUI convictions?  Yes  No

*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

10. Do you practice a sexually pure lifestyle as taught in the Scriptures?  Yes  No

## APPLICANT'S STATEMENT

**CONFIDENTIAL** - Your responses will be maintained confidentially, although there may be circumstances where such information may be provided on a "need to know" basis to individuals working with our ministry in order to evaluate your application and/or to comply with applicable legal requirements.

- The responses I have provided in completing this application form are complete, truthful and accurate.
- I hereby authorize Summit Baptist Bible Church (hereunto referred to as "the church") to make periodic inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by the church. I hereby authorize all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files or records concerning me to the church and its representative.
- In consideration of the receipt and evaluation of this application form by the church, I hereby release the church and their directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to the church.
- I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.
- I understand that my service with the church shall be volunteer service. In addition, my volunteer services shall be at-will and the church shall be entitled to terminate my services at any time, with or without cause or advance notice. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits.
- I affirm that I will strictly comply with all policies and procedures of the church including, but not limited to its Child Protection Policy. If at any time I find that for any reason I am unable to support the vision, policies, procedures or doctrine of this church/organization, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or in disciplinary action, all at the discretion of the church. I will report any known or suspected child abuse or other violation of policy to the senior pastor, a member of the church staff, a deacon or the designated authority.
- I have carefully read the foregoing statement and know the contents of it, and I sign this statement as my own free and voluntary act.

**ATTENTION:** IF YOU HAVE A CURRENT BACKGROUND CHECK, PLEASE ATTACH A COPY WITH THIS APPLICATION

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name (please print) \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness' Name (please print) \_\_\_\_\_