

First Baptist Church of Smithfield
Child / Youth Ministry Application

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	
Address		City	State Zip Code
Home Telephone		Cellular Telephone	E-Mail Address
Social Security Number (Necessary for Screening)		Date of Birth	NC Driver's License Number
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone
How long have you been involved in the life of First Baptist Church of Smithfield? _____			

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past? Yes No			
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date
Can you make a one year commitment to this volunteer role? Yes No			
Why would you like to volunteer as a worker with children and/or youth? _____			

BACKGROUND INFORMATION

Have you ever:

Committed, been accused or been convicted of any criminal offense (minor traffic violations excluded)? Yes No

-Engaged in, been accused of, or pleaded guilty to any child molestation, exploitation, abuse, or any other improper conduct involving a minor?

Yes No

-Been the subject of any form of physical, sexual, emotional, or domestic abuse? Yes No

-Been investigated by the Department of Social Services in this state or any other state? Yes No

Are you aware of:

-Any reason why you should not work with children or youth? Yes No

If the answer to any question is "Yes", please explain in detail: _____

(Please attach additional pages if necessary)

PERSONAL REFERENCES (Other than family members or employers)

Name	Address	Telephone	Occupation	Relationship
Name	Address	Telephone	Occupation	Relationship
Name	Address	Telephone	Occupation	Relationship

APPLICANT STATEMENT

I certify that this volunteer application was completed by me, I received, read and agree to the terms set forth in this application and the Policy on Child and Youth Safety and Volunteer Screening, and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Signature: _____ Date: _____

Witness

Print Name: _____ Signature: _____

AUTHORIZATION

I, _____ hereby authorize First Baptist Church to contact references herein provided and/or to obtain and/or request information about both my criminal history and my driver history from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state and federal law. I do release said entities from all liability the may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days notice of same.

Signature of Applicant: _____ Date: _____