

**Ministry with Minors Volunteer Application
First Baptist Church
Arlington, Texas**

Name _____

Local Personal References (Must be over 18 years old and non-related to you , include one that has known you for more than 5 years.)

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorized any references, churches or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children or youth and I release all such references from liability for any damage that may result from such evaluations to you.

Should my application be accepted, I agree to follow the Policies of First Baptist Church and to refrain from unspiritual conduct in the performance of my services on behalf of the church.

I authorized that a Criminal Records Check may be conducted on me and that any information which pertains to any record of conviction contained in police files or any criminal file maintained on me whether state or local be released to the church. In so authorizing, I release any Police Departments, First Baptist Church, or those individuals receiving the results of the check from any and all liability resulting from such disclosure.

I understand that the personal information will be held confidential by the professional church staff.

Applicant's Signature _____ Date _____

I WOULD LIKE TO OBSERVE A CLASSROOM Dates Available _____ Age/Grade Preferred _____

PERSONAL INTERVIEW SIGN-UP Days and Times typically available _____

APPLICANT CHECKLIST (For office use only)

- | | |
|--|--|
| <input type="checkbox"/> Interview: Date _____ | <input type="checkbox"/> Class Observation: Date _____ Classroom _____ |
| <input type="checkbox"/> Reference Checks: _____ | <input type="checkbox"/> Placement: Day & Hour _____ Age/Grade _____ |
| <input type="checkbox"/> Orientation: Date _____ | <input type="checkbox"/> Background Check Processed: Date _____ |

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The questions listed below are a part of our interview process in order to help provide a safe and secure environment for our children and for the protection of our volunteer and/or paid staff. All information is held strictly confidential. Answering yes to any of the questions may not necessarily preclude your involvement in our ministry to preschoolers, children, youth or special education. Thank you for your understanding.

Have you had any painful experiences in your life that have better equipped you or may hinder you from a production ministry with minors? _____

Would you like to meet with a minister regarding this circumstance? _____

Have you ever been convicted for the use or sale of controlled substances or alcohol? _____

Are you currently using or abusing alcohol or controlled substances? _____

Have you ever been arrested for a criminal offense involving minors or moral turpitude? _____

Have you ever been accused, arrested, or convicted for any sexually related crimes involving minors? _____

Have you ever been accused, arrested, or convicted for any abuse related crimes involving minors? _____

Have you ever gone by another name? _____ Other name used _____

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? _____

Were you a victim of sexual or physical abuse or molestation while a minor? (If you prefer, you may refuse to answer this question, and discuss your answer in confidence with the Associate Pastor of Spiritual Formation or the Senior Pastor rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify an applicant for preschool, children, youth or special education work.)

_____ Yes _____ No

Are you able to perform the essential functions of this position without reasonable accommodations?

_____ Yes _____ No

If you answered yes to any of the above questions, please explain: _____

NOTE: CONFIDENTIAL INFORMATION FOR OFFICE USE ONLY!