

Ministry with Minors Volunteer Application
First Baptist Church
Arlington, Texas

Name: _____

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 use or sale of drugs? _____

Have you ever been hospitalized or treated for alcohol or substance abuse? _____

Have you ever been arrested for a criminal offense excluding minor traffic violations? _____

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

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

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 Church Administrator or 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

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

NOTE: CONFIDENTIAL INFORMATION FOR OFFICE USE ONLY!

Ministry Area: _____

FIRST BAPTIST CHURCH ARLINGTON
Authorization for Release of Information for Volunteers

I hereby give my permission for First Baptist Church of Arlington to obtain information relating to my criminal history through courts, law enforcement agency departments, or any city, county, state or federal government or any person or organization having knowledge of my identity. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I hereby authorized First Baptist Arlington or authorized representative bearing this release or copy thereof, to conduct an appropriate check of, including, but not limited to, records, personal interviews, memoranda, reports of other documents, court documents, driving records, for verification. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I hereby further authorized and acknowledge that a photocopy or fax of this authorization may be considered as an original.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the First Baptist Church of Arlington and its authorized representative and each of their officers, directors, employees, members, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, damages, debts, sums of money, claims, and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/employee member.

I understand that all information gathered will be considered strictly confidential except as otherwise agreed.

Applicant's Signature	Date	Date of Birth
Please Print Full Name		Please Print All Other Dates of Birth Used
Please Print Full Maiden Name If Applicable		Social Security Number
Please Print All Names Used		Driver's License Number and State

PLEASE PRINT INFORMATION FOR RESIDENCES FOR LAST TEN YEARS:

(Use additional paper, if needed. Begin with your present address.)

Street	City	County	State	Zip	Date(s)
City	County	State	Zip	Date(s)	(Name Used At Residences)
City	County	State	Zip	Date(s)	(Name Used At Residences)
City	County	State	Zip	Date(s)	(Name Used At Residences)
City	County	State	Zip	Date(s)	(Name Used At Residences)