

Ministry with Minors Volunteer Application
First Baptist Church
Arlington, Texas

This screening form is to be completed by those desiring a volunteer ministry position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for preschool, children, youth and special education, who participate in our programs and use our facilities.

Name _____ Date _____
 Last First Middle (Maiden Name)

Address _____
 Street City State Zip Code

Email _____ Home Phone _____ Cell Phone _____

Occupation _____ Place of Employment _____ Work Phone _____

Date of Birth _____ Marital Status _____ Spouse's Name _____

List Names & Ages of Children (living at home) _____

Emergency Contact _____ Phone Number _____

I will be working with the following ministry (check appropriate boxes)

Preschool Children Youth College Music Activities

Global Missions (trip/project name): _____

Do you have a personal relationship with Jesus Christ? _____ Briefly describe _____

Name the churches you have been a member of for the past 4 years _____

How long have you attended First Baptist Church? _____

What leadership/volunteer experience have you had with children? List all previous church work or other work involving preschool, children, youth or special education. (Identify place and type of work - list supervisors)

List any gifts, training, education or other factors that have prepared you to work with this age group _____

List any committees or groups you are involved in _____

Do you have any medical training or are you CPR certified? _____ Explain _____

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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 _____ |