



# VOLUNTEER APPLICATION

Nursery/Pre-School/Children/Youth Ministries



# Volunteer Application for First Baptist Church

## Nursery/Preschool/Children/Youth Ministries

*This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. All information is held strictly confidential.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

1. Are you a member of First Baptist Church? \_\_\_ Yes \_\_\_ No How long? \_\_\_\_\_

2. Do you regularly attend worship service here? \_\_\_ Yes \_\_\_ No

3. Do you regularly attend Bible Study or Sunday School? \_\_\_ Yes \_\_\_ No

4. How long have you resided in North Carolina? \_\_\_\_\_

5. Do you have any medical training or are you CPR certified? \_\_\_\_\_ if yes, please explain. \_\_\_\_\_

6. Are you currently serving in other ministries? If so, please list: \_\_\_\_\_

7. I have chosen to work with the nursery, preschool, children, youth (circle one) because \_\_\_\_\_

8. Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children? \_\_\_ Yes \_\_\_ No If yes, please explain. \_\_\_\_\_

9. Circle all the times you are available to volunteer:

1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> Sundays

8:30 AM Worship Service or 11:00 AM Worship Service

**Personal References**

Please list 3 references (*Must be at least 18 years old and not a family member.*)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

The information contained in this application is correct and to the best of my knowledge. I authorize First Baptist Church to obtain information from references regarding my character and fitness to work with

Should my application be accepted, I agree to be bound by the laws and policies of First Baptist Church and to refrain from unscriptural conduct in the performance of my service on behalf of the church.

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my application to serve as a volunteer with **First Baptist Church, 508 Apple Street, Burlington, NC** (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

## Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Background Investigation Information**

Full Name (printed) \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

