



Date \_\_\_\_\_

### CONFIDENTIAL VOLUNTEER APPLICATION

#### PLEASE CHECK THE MINISTRIES WHERE YOU HOPE TO SERVE.

Nursery \_\_\_\_\_ Sunday School \_\_\_\_\_ Sunday Children’s Worship \_\_\_\_\_ VBS \_\_\_\_\_  
LiveWire (Wed.) \_\_\_\_\_ Youth: MSM \_\_\_\_\_ Youth: HSM \_\_\_\_\_ Childcare \_\_\_\_\_ Other \_\_\_\_\_

#### PERSONAL & SPIRITUAL INFORMATION

Please PRINT clearly and complete the entire application. Please read the attached Child Protection Policy & Safety Procedures and sign this application twice.

Legal Name: \_\_\_\_\_  
*Last First Middle*

Current Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Drivers’ License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

How long have you attended services at Western Springs Baptist Church? \_\_\_\_\_

Are you a member? [ ] Yes [ ] No

Have you read and do you adhere to the Statement of Faith of Western Springs Baptist Church? [ ] Yes [ ] No

List other churches you have attended regularly during the past 5 years: \_\_\_\_\_

Please list any previous experience working with children and/or youth and any gifts or education that has prepared you to volunteer in your area of interest: \_\_\_\_\_

What are some of your strengths? \_\_\_\_\_

Are you a Christian, someone who loves Jesus and follows Him and His teaching? [ ] Yes [ ] No

If Yes, please explain briefly when and how you became a Christian, and what a personal relationship with Jesus means to you. \_\_\_\_\_

## PERSONAL DISCLOSURE & LIFESTYLE INFORMATION

*In order to assure the health, safety, and security of our children and families, we screen all our volunteers. These questions are not designed to offend or to pass judgment, rather to create an environment where a person's past will not hinder the ministry in carrying out its mission in a safe, fun and productive way. If you must answer "Yes" to any of the Personal Disclosure questions, we will discuss how this may impact you serving with children and youth at Western Springs Baptist Church.*

1. Are there any medical conditions that could prevent you from performing certain type of activities ... like getting on the floor with children or playing games?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever engaged in, been accused of or convicted of domestic violence, child abuse, molestation or any other sexual or assaultive crime related to persons?  Yes  No
3. Have you ever been counseled for any of the situations described in #2 above?  Yes  No
4. Have you ever used illegal substances or abusively used legal or addictive substances such as prescription drugs, tobacco, alcohol, pornography, etc.?  Yes  No
5. Would you like one of our Pastors to contact you to discuss your answers regarding the above questions?  Yes  No

## REFERENCES

*Please provide two character references with whom you have had sufficient contact over the past five years. Please do not use relatives or Western Spring Baptist Church staff members.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

## AUTHORIZATION

**Have you read our child safety procedures and agree to follow the Child Protection Policy?**  Yes  No

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

*The information contained in this application is true and complete to the best of my knowledge. I authorize investigation of all information contained in the application. The church may also contact my references and I waive any right to inspect these references. I authorize obtaining information concerning my education, my character and fitness for working with children or youth. I authorize Western Springs Baptist Church to perform a criminal record check now and as needed in the future. I release and hold harmless all parties from all liability for any damage that may result from the release of this information to Western Springs Baptist Church.*

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

**Please return this application in a sealed envelope to the office of Western Springs Baptist Church.**



Date \_\_\_\_\_

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my application to serve as a volunteer with WESTERN SPRINGS BAPTIST CHURCH, I understand that a “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for volunteer purposes, 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, 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 serve as a volunteer, throughout the course of my 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 WESTERN SPRINGS BAPTIST CHURCH 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 \_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_

LAST NAME:

FIRST NAME:

MIDDLE NAME/INITIAL:

HOME ADDRESS:

CITY:

COUNTY:

STATE:  ZIP:

SSN:  (Required Only for Identity Verification Purposes)

D/L or STATE ID:  STATE ISSUED:

EMAIL:

FULL DATE OF BIRTH:  (Required Only for Identity Verification Purposes)

Please List Other Names Used:

Protect My Ministry, Inc., 14499 Dale Mabry Hwy, Ste 201 South Tampa, FL 33618  
Phone: 800-319-5581 Fax: 800-319-5582 [www.protectmyministry.com](http://www.protectmyministry.com)