



Date _____

CONFIDENTIAL VOLUNTEER APPLICATION

In order to assure the health, safety, and security of our children and families, we screen all our volunteers.

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 GENERAL POLICY FOR PROVIDING A SAFE ENVIRONMENT FOR CHILDREN AND YOUTH and sign this application.

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 Confession of Faith of Western Springs Baptist Church? Yes No
(WSBC Confession of Faith can be found at the WSBC Office or at <https://wsbc.info/about-us/what-we-believe>)

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 and agree to follow the General Policy for Providing a Safe Environment for Children and Youth?



Yes No

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 COMPLETED APPLICATION TO THE OFFICE OF WESTERN SPRINGS BAPTIST CHURCH.

Please note: A BACKGROUND CHECK through Protect My Ministry is required for everyone age 18 and older to serve with children, students, and/or people with special needs.

-  An email will be sent to you asking you to complete the Authorization Request Form online.
-  If you do not have email, then you may complete a paper form located at the WSBC Office.



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.

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