



Date _____

CONFIDENTIAL VOLUNTEER APPLICATION - for Applicants under the age of 18

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.

PLEASE CHECK THE MINISTRIES WHERE YOU HOPE TO SERVE.

Nursery _____ Sunday School _____ Sunday Children's Worship _____ VBS _____
LiveWire (Wed.) _____ Youth: MSM _____ Childcare _____ Other _____

PERSONAL & SPIRITUAL INFORMATION

Please PRINT clearly and complete the entire application. Please fill out this form with a Parent. You and a Parent are required to sign this form.

Legal Name: _____
Last First Middle

Current Address: _____ City/Zip _____

Phone # _____ Date of Birth _____

E-Mail Address _____

Parent Name _____ Phone # _____

Do you and your family attend services at Western Springs Baptist Church regularly? [] Yes [] No

If No, please list the Church you do attend. _____

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

If Yes, explain briefly when and how you became a Christian. _____

HAVE YOU EVER...

- Used illegal drugs and substances, or use addictive substances like tobacco, alcohol, pornography, etc.? [] Yes [] No
- Been convicted of or pleaded no contest to any crime? [] Yes [] No
- Engaged in or been accused of any act of child molestation, exploitation, or abuse? [] Yes [] No

If you must answer "Yes" to any of the above questions, please explain using the back of this form. We will discuss how this may impact you serving with children and youth at Western Springs Baptist Church.

- Would you like one of our Pastors to contact you to discuss your answers regarding the above questions? [] Yes [] No

AUTHORIZATION

The information contained in this application is true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE _____ Date _____

PARENT'S SIGNATURE _____ Date _____

PLEASE RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF WSBC.