

## Redland Baptist Church Paid and Volunteer Staff Application

Legally speaking, the church has the RIGHT TO ASK the following questions related to the application and screening process, and the applicant has the RIGHT TO REFUSE to answer any question. These applications for service are strictly confidential. (NOTE: All information will be kept private and only authorized staff will be able to view this information. Once filed it will be kept in a secure place.) Thank you for your cooperation in this process and we hope you will understand the need for this in our society.

| N/               | AME   |   |                                    |                | DATE                                   |          |  |
|------------------|---|---|------------------------------------|----------------|--|----------|--|
|                  | First   | Middle  |                                    | Last           |  |          |  |
| ΑĽ               | DDRESS  |   |                                    |                | DATE of BIRTH                          |          |  |
| CITY             |   |   | STA                                | STATE ZIP CODE |  |          |  |
| BUSINESS PHONE F |   | HOME PHONE  |                                    | MALE or F      | EMALE                                  |          |  |
| EMAIL            |   |   | MARITAL STATUS                     |                |  |          |  |
| 1.               |   | g for (check all that apply):<br>inistry □ Children's Minis |                                    | stry 🗆 Mus     | sic Ministry □ Other_                  |          |  |
| 2.               | On what date wo   | ould you be available?                                      |                                    |                |  |          |  |
| 3.               | Are you a memb  | er of Redland Baptist Chu                                   | ırch? ☐ Yes, Sind                  | e              | DNo                                    |          |  |
| 4.               | List any denominations or churches of which you have been a member, including addresses; and all previous church service, volunteer or paid, you have provided in the last 10 years. Please include approximate dates. (Attach a separate page, if necessary.)            |   |                                    |                |  |          |  |
|                  | CHURCH NAME   |   | CITY                               | STATE          | SERVICE                                | DATES    |  |
|                  |   |   |                                    |                |  |          |  |
| 5.               | List the last 3 previous non-church work, volunteer or paid, involving children/teenagers. Include approximate dates, organization's name and address, type of work you performed, name of supervisor and phone number, if known. (Attach a separate page, if necessary.) |   |                                    |                |  |          |  |
|                  | DATES   | ORGANIZATION  | TYPE OF WO                         | RK \$          | SUPERVISOR'S NAME                      | E PHONE  |  |
|                  |   |   |                                    |                |  |          |  |
| 6.               | Please provide the NAME   | ne names and phone num                                      | bers of three person<br>HOME PHONI |                | nces not related to you.<br>WORK PHONE | <b>E</b> |  |
|                  | A   |   |                                    |                |  |          |  |
|                  | B   |   |                                    |                |  |          |  |
|                  | С   |   |                                    |                |  |          |  |



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Because the church cares for our children/teenagers and desires to protect them, we ask you to please answer the following questions. We understand the following questions are personal and we will protect your privacy. A. Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children/teenagers or that might cause a child/teenager potential harm? ☐ Yes ☐ No If yes, please describe: B. Have you ever been charged with, indicted for, or pled guilty to a crime, other than a traffic violation? ☐ Yes ☐ No If yes, please explain: (Attach a separate page, if necessary.) C. Have you ever been charged with a serious traffic offense such as: driving while impaired, intoxicated or under the influence of either drugs or alcohol; fleeing or eluding a police officer; or reckless driving? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_ D. Have you ever been known by any other name?  $\square$  Yes  $\square$  No If yes, please list all other names (including maiden name): E. Were you a victim of abuse or molestation as a minor (under age 18)? ☐ Yes ☐ No Note: If you prefer, you may refuse to answer this question. Or you may discuss your answer in confidence with one of the ministers rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify you from service. Your confidence is appreciated and will be respected. If you have a disability or impairment that would require reasonable accommodations, please list them. List any gifts, callings, training, education, or other factors that have prepared you for work with children/teenagers: 10. Why are you interested in serving at Redland Baptist Church?



For office use only:

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| If yes, please describe how you became a Christian and what role God plays in your life (feel free to use additional paper if needed).  |   |  |  |  |  |
|---|---|--|--|--|--|
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| The information contained in this application is correct to the best of my knowledge. employers and churches listed herein. I also authorize any references, churches or othe vou any information, including opinions that they may have regarding my character and he receipt and evaluation of this application by the Church, I hereby release any i eference, or any other person or organization, both collectively and individually, from which may at any time result to me, my heirs, or family, on account of compliance, or an hat I may have to inspect any information provided about me by any person or organization. | ner organizations or employers listed in this application to give I fitness for work with children/teenagers. In consideration of ndividual, church, children's organization, charity, employer, any and all liability for damages of whatever kind or nature by attempts to comply, with this authorization. I waive any right |  |  |  |  |
| Should my application be accepted, I agree to be bound by the Bylaws and Policies of rom unscriptural conduct in the performance of my services on behalf of the Church. I position on the problem of abuse or molestation of a minor (under age 18).   |   |  |  |  |  |
| understand that the Church desires to protect its children and teenagers and there criminal background check on me.   | fore give my permission for Church leadership to conduct a  |  |  |  |  |
| further state that I have carefully read the foregoing release, know the contents thereo any misrepresentation or omission of a material fact on my application may be justificate a volunteer (collectively, the "engagement").  |   |  |  |  |  |
| n the event I am engaged, I understand that all employees/volunteers are subject to choose to voluntarily terminate my employment/services, I am free to do so at any ti Church may either permit me to continue my employment/service during the notice period   | me, and if I choose to give proper notice of termination, the   |  |  |  |  |
| understand that, in the event I am accepted for engagement by the Church, my corconditions of engagement are subject to modification or change by the Church at the Ch  |   |  |  |  |  |
| understand that, if engaged, any misrepresentation made by me completing this applic without advance notice.  | cation shall be considered as sufficient cause for my dismissal   |  |  |  |  |
| understand that, if engaged, I am consenting in the future to periodic re-verification  | of any of the information on this application at anytime.   |  |  |  |  |
| Applicant Signature:  | Date:   |  |  |  |  |
| Printed Name:   |   |  |  |  |  |
| f applicant is under the age of 18:   |   |  |  |  |  |
| Parant/Cuardian Cignatura   | Date:   |  |  |  |  |
| Parent/Guardian Signature:  |   |  |  |  |  |

Date:

Approved By: