

# Screening Application Form for Staff, Leadership, and Volunteers

*Our goal is to create the safest possible environment for those we serve, our staff, and volunteers. This confidential application should be completed by any person seeking to fill a position involving the supervision of children, youth, and vulnerable adults. The information gathered with this form is for the sole purpose of creating a safe environment for children, youth, and vulnerable adults who participate in the programs of our church or use our facilities.*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have been a member or regular attender of this church for at least six months. (If there is an exception to this screening requirement, please list below.) Y / N

\_\_\_\_\_  
Please list any other name you may have gone by (i.e., maiden name):

\_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M / F Marital Status: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
How long have you lived at your current address? \_\_\_\_\_

Previous address: \_\_\_\_\_

\_\_\_\_\_  
List all other cities and states where you have lived as an adult:

\_\_\_\_\_  
Please list all previous volunteer work or employment involving children, youth, or vulnerable adults. Use the back of this application if you need more space.

Organization Name	Address	Dates Served	Duties/Responsibilities	Contact Person	Reason for Leaving

List any skills, training, or other experiences that have equipped you to work with children, youth, or vulnerable adults:

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Why do you want to work with children or students at our church?

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Do you have a preference concerning the age group or sex of those with whom you would like to work? If so, what is the basis for this preference?

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What is your philosophy concerning the re-direction or discipline of children?

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When you are unhappy, angry, or emotional about a person or circumstance, what do you do?

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Please list the last church(es) you have attended or have held membership:

Church Name	City & State

The following questions and answers will be kept confidential. Because we have a zero tolerance for abuse and strive to provide the safest environments for our staff and volunteers and those we serve, please answer the following questions.

Have you ever participated in, or been accused, convicted, or pled guilty or no contest to abuse or any sexual misconduct? Y / N

If 'Yes,' please provide more information: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to any crime? Y / N

If 'Yes,' please provide more information: \_\_\_\_\_  
\_\_\_\_\_

Do you consider yourself physically or sexually abused as a child? Y / N

(We realize this information is sensitive. It will be kept entirely confidential, where another child's safety is not negatively impacted by confidentiality.) If 'Yes,' please explain:

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## RELEASE

I (applicant's name) \_\_\_\_\_ understand that this church is relying on the accuracy of all information given on this application. With my signature below, I attest and affirm that the information provided is accurate and truthful. I understand any intentionally false or inaccurate information provided by myself on this application shall be grounds for denial of the application.

I authorize this church to contact all individuals, organizations, and references listed on this Application Form and the separate Reference Form. I also authorize any such person, church, or organization to provide this church with information and opinions relating to my background or qualifications.

I agree to release from liability any person, church, or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

I specifically authorize Harvest Baptist Church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law. I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

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

## MINOR APPLICANT'S PARENTAL CONSENT

I, (print name) \_\_\_\_\_ affirm that I am the parent/legal guardian of the applicant. With my signature below, I attest and affirm that the information provided is accurate and truthful. I further attest and affirm that I am not aware of any harmful tendencies or traits of the applicant that may pose any threat to children, youth, or vulnerable adults.

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

## REFERENCES

Three references are required to accompany your application. Please provide one professional reference (if applicable), one personal reference, and one family member. **References must include one family member and one member of the opposite sex.**

A form will be sent to each reference via email.

*Professional Reference* Length of time you have known this person: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

*Personal Reference* Length of time you have known this person: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

*Family Member* How are you related to this person? \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_