

Trinity Baptist Church Application for Volunteer Workers Who Will Work with Children

This application is to be completed by all applicants for positions involving the supervising or custody of children. The term "child" or "children" includes all persons under the age of eighteen (18) years. It will assist the church to provide a safe and secure environment for all preschoolers, children, and youth. **This document is for church pastoral staff only and must be kept confidential.**

Name _____ Date _____
 Last (Maiden) First Middle

Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Home Phone _____

Driver's License # _____ State _____ Expiration Date _____

Date of Birth _____ Place of Birth _____

1. Are you a member of Trinity Baptist Church of Lufkin? Yes _____ No _____

If not, where are you a member? _____

All Volunteers must be a member of Trinity Baptist Church. Under certain circumstances the Pastor may authorize an exception.

2. Briefly list the churches of which you have been a member and any church ministry that you have been involved in that involved children, youth. Include approximate dates. (Attach a separate page, if necessary.)

Church	City	State	Ministries	Dates

3. Do you consider yourself a positive role model for children? Yes _____ No _____

4. Please provide the names and phone numbers of three personal references not related to you.

NAME	HOME PHONE	WORK PHONE

5. Because the Church cares for our children 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 or that might cause a child potential harm? Yes _____ No _____

b. Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, please explain: (Attach a separate page, if necessary.)

c. Have you ever been charged with, indicted for, or pled guilty to an action prohibited by the Texas Family Code, or a similar code in any state? Yes _____ No _____

If yes, please explain: (Attach a separate page, if necessary.)

d. Have you ever been known by any other name? Yes _____ No _____

If yes, please list all other names: (include maiden name)

If you were personally a victim of child abuse, we require that you make this information known to the minister under whose leadership you will serve. Admitting you were a victim will not automatically disqualify you from service. Your confidence will be respected and appreciated.



The information contained in this application is correct to the best of my knowledge. I authorize the Church to obtain information from references and churches listed herein. I also authorize any references or churches listed in this application to give you any information, including opinions that they may have regarding my character and fitness for children's work. In consideration of the receipt and evaluation of this application by the Church, I hereby release any individual, church, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agreed to be bound by the Bylaws and Policies of the Church, which are adopted from time to time, and to refrain from unscriptural conduct in the performance of my services on behalf of the Church. I have been apprised of, understand, and support the Church's position on the problem of child abuse. I agree to watch the Child Protection Training video and take the exam over the video.

I understand that the Church desires to protect its children and therefore give my permission for Church leadership to conduct a criminal background check on me and photo ID on file.

I further state that I have carefully read the foregoing release and know the contents thereof and sign this release as my own free act.

Applicant's Signature

Date