

Volunteer Screening Form

Name:		Date:
Present Street Address:		
City:	State:	Zip:
E-mail address:		
Cell Phone:	Home Phone:	
Work Phone:	Occupation:	
Marital Status:		
Driver's License #:	State	::
Have you ever been charged, indic Yes No	ted, or pled guilty to an offenso	e involving a minor?
If yes, please list all convictions:		

(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.)

(continued other side)

CHURCH ACTIVITY

Have you made a profession of faith in Jesu	us Christ? When?:
Have you been baptized?	Are you a member of 1st Baptist PC?
If no, of which church are you a member? _	
Please list the names and addresses of any	other church you have regularly attended over the past 5 years:
	've been involved with preschoolers, youth or children.
Church Names and Addresses:	
Activity or Service performed and Dates: _	
Please list any Non-church activities where	e you've been involved with preschoolers, youth or children.
Organization Names and Addresses:	
Activity or Service performed and Dates: _	
PERSONAL CHARACTER REFER	RENCES (Not employment or relatives)
Name:	
Address and Phone:	
Name:	
Address and Phone:	
Name:	
Address and Phone:	
ADDITO ANTIC CTATEMENT CO	
	information contained on this form is correct to the best of my irches listed in this application to provide information and opinions they
	ness from working with preschoolers, children, or youth. I release all sucl
references from any liability for furnishin	ng such evaluations, provided they do so in good faith and without malice.
	ferences provided on my behalf. I agree to be bound by the bylaws and
	a City, and agree to refrain from unscriptural conduct in the performance carefully read the foregoing release and know the content therein, and I
	is is a legally binding agreement that I have read and understand.
Signature:	Date: