Staff/Volunteer Screening Form

Thank you for your willingness to serve in a position at Solid Rock Baptist Church.

Because each volunteer and staff participant has the potential to impact children for good or for evil, we must ensure that all those participating maintain a Biblical standard of Godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God has entrusted to us.

Please fill out the screening form completely, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to the form.

Name:			
Last	First		Middle
Email:	Social Security Number	Date of Birth	
If you have eve and dates of use	er used other names, such as marrie.	ed or maiden names, plea	se provide the names
	Name		Date
Are you over the	Name ne age of 18? Yes No		Date
Present Addres	s:		
City/State/Zip:			
Home Telephor	ne Number:		
Position applied	d for:		
Date you are av	vailable to start:		
Spiritual Qu	alifications:		
How long have	you attended Solid Rock Baptist C	Church?	
Are you a mem	ber of Solid Rock Baptist Church?	Yes No	
In a brief parag	raph, please describe your salvation	n experience.	
Dlagge list the	ahamahan sana harra astan da diin sh	a last Construction dates	f attandance and the
	churches you have attended in th	e last five years, dates o	i attendance and the
reasons you lef	ī.		
1	ате	Telepi	hone Number
	Address		
-	Reasons for leaving		tes Attended

2.		
Name	Telephone Number	
Address		
Reasons for leaving	Dates Attended	
Education/Professional Qualifications:		
Academic achievements: (Schools attended, degr	rees earned, dates of completion)	
Professional organizations:		
Name	Date	
	Number	
License 1	Number	
First aid training? Yes No Date C	Completed:	
CPR training? Yes No Date 0	Completed:	
Previous Work Experience: Please list you the past five years, including the job title, a descrame and address of the company or employer, t dates of your service.	ription of your position and responsibilities, the	
References: Please list three individuals to w and who have known you for at least five years. Name:	whom you are not related by blood or marriage	
Address:		
Telephone:		
Daytime Number Relationship to Reference:	Evening Number	

Name:		
Address:		
Telephone:		
Daytime Number Evening Number Relationship to Reference:		
Name:		
Address:		
Telephone:		
Daytime Number Evening Number Relationship to Reference:		
BACKGROUND INFORMATION:		
1. Have you ever been <i>convicted of</i> or <i>pled guilty to</i> committing a crime involving the the abuse or endangerment of children? If you answered "yes" to the above question, we regret to inform you that you are not eligible to serve in our children's ministry.		No
2. Have you ever been or are you currently <i>charged</i> with committing a crime involving the abuse or endangerment of children? If answered "yes", please explain:		
3. Have you ever been or are you currently being <i>investigated</i> by a governmental agency for the abuse or endangerment of children? If you answered "yes", please explain:	Yes	No
4. Have you ever been, or are you currently, involved in any illegal or unethical financial dealings? If you answered "yes", please explain:		No
5. Have you ever been convicted of or pled guilty to a crime involving a drug-related charge, a crime of violence, theft, or criminal negligence? If you answered "yes", please explain:		
6. Have you ever been sued for negligence with regard to caring for or supervising children? If you answered "yes", please explain:		No
7. Will you commit to pray for Solid Rock Baptist Church that God will work in the lives of the children, guide and direct the leadership, and protect all involved? If you answered "no", please explain:		No

I hereby certify that the information I have provided on this application is true and complete. I authorize this church to verify the information I have provided on this application by contacting the references, churches, and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In consideration of the receipt and evaluation of this application by Solid Rock Baptist Church, I hereby release any individual, church, you organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of compliance or any Attempts to comply, with this authorization.

Should my application be accepted, I agree to abide by and be bound by the policies and the moral and spiritual teaching of Solid Rock Baptist Church and to refrain from unscriptural conduct in the performance of my duties on behalf of the church and its ministries.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omission from or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given my position.

Signature of Applicant	Date
Witness	Date