

Application to Work With Children of Central Baptist Church

Central Baptist Church, Hobart, IN

Churches today have a duty to ask certain questions of all workers and personnel concerning their backgrounds. This information will be used to help Central Baptist Church provide a safe and secure environment for children and workers as well as peace of mind for their parents. All information will be kept in strictest confidence. Insurance companies are making this a requirement of churches that they insure.

BASIC INFORMATION: (Please **print** using a dark pencil or black ink)

Full and complete legal name _____

Nickname you prefer (if different than above) _____

Current street address _____ PO Box, if any _____

City _____ State _____ ZIP _____

Phone Number _____ Business _____

E-mail address, if any _____

Date of Birth _____ day _____ month _____ year

If less than two years at current address, please Give previous address and length of time

Previous Street address _____ PO Box, if any _____

Previous City _____ State _____ ZIP _____

Are you currently an active member of Central Baptist Church of Hobart, IN? _____

When did you first begin regularly attending Central Baptist Church of Hobart, IN? (approx.)

Month _____ Year _____

Name of two non-family members who know you well.

Name	Name
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Phone Number	Phone Number
_____	_____

If requested, would you be willing to submit to a criminal background check? _____

Most Recent Previous Church Membership

Name of Church _____

Address of Church _____

City _____ State _____ Zip _____ Phone Number _____

Pastor's Name _____

Do you have a current driver's license? Yes _____ No _____

If yes to above, please list state and driver's license number

State _____ License Number _____

Have you ever been charged with and/or convicted of a felony?

Yes ____ No ____

If yes to above, please explain _____

(Use back or additional piece of paper if necessary)

Have you ever been charged with and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes ____ No ____ if yes, Please explain:

Have you ever been physically or sexually abused? Yes ____ No ____ If you prefer, you may discuss this answer in confidence with a pastor rather than answering it on this form. Answering the question "yes" or leaving the question blank will not automatically disqualify you as a worker.

I affirm, under the penalties for perjury, that I have never been guilty of committing the following offenses nor have I been accused of such wrongdoing:

Rape
Child Molesting
Vicarious Sexual Gratification
Incest
Child Selling
Physical Abuse of a Minor

Criminal Deviate Conduct
Child Exploitation
Child Solicitation
Neglect of a Dependent
Child Seduction

Signed: _____

The information contained in this application is correct to the best of my knowledge. I 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 church work. I hereby release Central Baptist Church or any other person or organization providing information to Central Baptist Church from liability for seeking or providing this information. 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 agree to be bound by the bylaws and policies including the current Child Protection Policy of Central Baptist Church, and refrain from any unscriptural conduct in the performance of my services on behalf of the church. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

I certify that the above information is true and complete to the best of my knowledge.

Signed: _____ Date: _____

Witness: _____ Date: _____

Interview date _____ Signature of interviewer(s) _____

Approved _____ Date _____