

APPENDIX A
WAKEFIELD CENTRAL BAPTIST CHURCH
Preschooler/Children/Youth Work Application
VOLUNTEERS

Personal

Name: _____ Daytime Phone # _____

Address: _____

Age range: ____ under 18: ____ 18-25: ____ over 25: ____

Social Security # _____ Date of Birth: _____

In which preschool/children/youth program(s) are you seeking to become involved?

What skills would you bring to the preschool/children/youth program? _____

What other preschool/children/youth work experience do you have? (please list)

Organization: Program: Dates: Contact Person(s):

Have you at any time ever:

- Been arrested for any reason? ____ yes ____ no

- Been convicted of, or pleaded no contest to any crime? ____ yes ____ no

- Engaged in any child molestation/abuse ____ yes ____ no

Are you aware of:

Having any traits or tendencies that could pose any threat to preschoolers/children/youth or others? ____ yes ____ no

Any reason why you should not work with preschoolers, children, youth or others? ____ yes ____ no

If the answer to any of these questions is "yes," please explain in detail:

(Please attach additional pages if more space is needed)

Ministry Experience

Church Name and Address: Dates: Area of Service: Contact Person: Phone:

- 1. _____
- 2. _____
- 3. _____

References (Other than relatives)

Name/Relationship: Address: Phone:

- 1. _____
- 2. _____
- 3. _____

Applicant Verification and Release:

I recognize that Wakefield Central Baptist Church is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide Wakefield Central Baptist Church with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release Wakefield Central Baptist Church and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize Wakefield Central Baptist Church to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the *Policy Statement on Preschool, Children and Youth Protection and Adult Leadership* of Wakefield Central Baptist Church, and I agree to abide by this policy and to protect the health and safety of the preschoolers, children, and or youth at all times.

Printed Name: _____

Signature: _____ **Date:** _____

Church Approval Signature: _____ **Date:** _____

Please return form to the church office.