

Primary Screening Form For Children or Youth Work

CONFIDENTIAL

Bethany Community Church

For Office Use (initial):	
- I.D. Checked	_____
-Form completed	_____
-Testimony	_____
-Ref. form sent	_____
-Ref. returned	_____
-Background check	_____
-Database entry	_____

This application is to be completed by all applicants for any position, volunteer or compensated, involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal

Date _____

Name _____ Birthdate _____
Last First Middle Month/Day/Year

Identity must be confirmed with a state driver's license or other photographic identification.

Present address: _____

City _____ State _____ Zip _____ Phone (____) _____

Please share how you became a Christian and your present relationship with Jesus Christ:

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Please indicate the type of youth or children's work you prefer _____

Please indicate the date you will be available to begin _____

What is the minimum length of commitment you can make? _____

If you prefer, you may refuse to answer the following two questions, or you may discuss your answer in confidence with a pastor rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.

Have you ever been convicted of or pleaded guilty to a crime?

_____ Yes _____ No

Were you a victim of abuse or molestation while a minor?

_____ Yes _____ No

Do you have a current driver's license?

_____ Yes If yes, please list your driver's license number _____

_____ No

Church History and Prior Youth Work

Name of church of which you are a member: _____

List (name/address) other churches you have attended regularly during the past five years:

List all previous church work involving youth (please include church, type of work, and dates):

List all non-church youth work (include organization name/address, type of work, and dates):

List any gifts, training, education, or other factors that have prepared you for children/youth work:

Personal References
(Not former employers or relatives)

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone (____) _____	Phone (____) _____

Please indicate ministries you are currently involved in: _____

Applicant's Statement

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, they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Bethany Community Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, for 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 agree to be bound by the Bylaws and policies of Bethany Community Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FORGOING 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 have received, read, and agree to abide by the Bethany Youth Worker handbook instructions.

Applicant's Signature _____

Date _____

Witness _____

Date _____

Social Security Number _____

BCC Privacy Policy:

This number will be used for the purpose of a background check only and will be destroyed upon completion of the background check.

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