

Criminal Background Check Application

First Baptist – St Johns

VOLUNTEERS AND EMPLOYEES

PERSONAL

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

Date of Birth Mo. _____ Day _____ Yr. _____ Sex: _____ Race: _____

Maiden Name: _____ Daytime telephone: _____

Age range: Under 18 18-25 Over 25

In which church ministry are you seeking to become involved? _____

What other church ministry experience do you have? *(Please list)*

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time ever:

- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any act of child molestation, exploitation, or abuse? Yes No
- Do you currently have any felony charges pending against you? Yes No

Are you aware of?

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with 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)

CHURCH ACTIVITY

What church or churches have you attended in the past five years?

Church name	Pastor's Name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES *(Other than relatives)*

Name / Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT VERIFICATION AND RELEASE

I recognize that the organization to which this application is being submitted 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 the organization with information, opinions, and impressions relating to my background or qualifications.

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

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed name: _____

Signature: _____ **Date:** _____