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August 1, 2016

To all teachers and workers with babies, preschoolers, children and youth:

First, let me thank you for your willingness to give of your time, energy, talents and love for the young people of this church. I know they are precious to you, to me, and especially to God. Your efforts touch His heart & mine!

For many years we have requested that the "MINISTRY WITH MINORS APPLICATION FORM" be filled out by all persons who are in any leadership or supervisory position over minors. This is a way to protect the children, our volunteers and the church from those whose motives to serve in ministry may not be pure.

We have recently changed to a new background check service provider and edits needed to be made to the forms to accommodate their requirements and to eliminate some redundancy. We are requesting that you fill out and return the new form by September 1, 2016 so that we have the most current information on the newest form. You may hand them to me, drop them by the office, or mail them, if you prefer.

I apologize for the personal nature of some of the questions, but in this day and age they are necessary to ask. Rest assured that these forms will be kept in a secure location of the office. Feel free to contact me or Pastor Phil to discuss personally and privately any matters you feel uncomfortable putting on paper.

Thank you for understanding. Please contact me if you have any questions.

Sincerely, Karen Tincker

Karen Tucker

Minister of Children & Families

	Office Use O	nly	
Application reviewed by:		Date:	Approved? YES NO
	Staff Signature & Position		



MINISTRY WITH MINORS APPLICATION FORM

This screening form is to be completed by those desiring a ministry position, whether paid or volunteer, involving the supervision or custody of minors. 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.

GENERAL INFORMATION

(This page may be shared with organization and ministry leaders.)

Date://	Social Securit	y #:	Date of Birth:	1 1	
Name:	First	Middle	Maiden		
Additional Names:					
Address:			State	Zip	
			How long at this a	150.	
			Trow long at this a		
Occupation: Work Phone ()					
Marital Status: Spouse's Name:			Ages of Children:		
Do you have a personal relationship with Jesus Christ?			Briefly describe		
How long have you attended Broadus?			Are you a member?		
Please check the servic Sunday Worship	es, programs or activ Sunday Schoo	rities you regularly ol Oth	attend: er		
Were you active in a church prior to coming here? Which?					
Please list all previous experience you have working with children or youth. Please tell the place (church or organization), date, and type of work:					
	10.				
_ist any gifts, training, or youth:	education or other	factors that have	prepared you to work w	vith children	
What particular age gr	oup are you interes	sted in working w	ith?		

CONFIDENTIAL

(This page will be accessible to ministerial church staff only!)

Personal References: (must be over	18 years old and non-	-relatives)		
Name	Phone	Relationship		
Address:				
Name	Phone	Relationship		
Address:				
for our children and for the protection o	of our volunteer and/or the questions may not i	order to provide a safe, secure environmen paid workers. All information is strictly necessarily preclude your involvement in us with a "yes" or "no."		
 productive ministry with children? Have you ever been convicted of a crin Have you ever been hospitalized or tre Have you ever been accused, arrested Have you ever been accused, arrested Were you a victim of abuse or molestate question, or you may discuss your answer 	Would you like to disme or are there any legal atted for alcohol or substance of an abust or convicted of an offertion while a minor?	tance abuse?se or sexually related crime?		
If you answered yes to any of the above qu	estions, please explain.			
To be authorized to transport minors for Driver's license number:past 5 years:	State:	Explain any traffic conviction in		
AF	PPLICANT'S STATE	WENT		
The information contained in this application is correct to the best of my knowledge. I authorize any references, churches or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children or youth, and I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf.				
hereby give my permission for Broadus Memorial B record and/or (for staff) credit record. The records, a	Baptist Church to obtain inform as received from a third party ed adjudications. I understand e church. I also understand tha I understand that I will have t le record as received. I also u	consumer reporting agency, may include arrest and d that this information will be used, in part, to determine at as long as I remain a volunteer here, the criminal the opportunity to review the criminal history and a understand that, by law, I may see a copy of the		
I, the undersigned, do hereby release Bro agents from any liability resulting from the investiga employee of the church.	oadus Memorial Baptist Churc tion of my background in coni	th and each of its ministers, officers, employees and nection with my application to become a volunteer or		
Should my application be accepted, I agree to follow the policies of Broadus Memorial Baptist Church and to refrain from any unscriptural conduct in the performance of my services on behalf of the church.				
I have read and understand this	s statement and I sign	it as my own free act.		
Applicant Signature		Date		
Witness Signature		Date		