



Office Use Only:

BC: _____ MP: _____

BELL SHOALS BAPTIST CHURCH

Volunteer Application

Background Investigation Questionnaire

Background Investigations will be required for the following applicants: All volunteers in Preschool/Children, Student, mission journey participants, and volunteers working with financial or other sensitive information. You are required to attach a copy of your government issued photo ID to this application. Please print legibly when filling out this application, no cursive please.

Campus _____ Ministry/Service Position Applying For: _____

Print Name: _____
(Last) (First) (Middle) (Maiden Name) Year Married

Current Address: _____ From: _____ To: _____
(Street) (City) (State/Zip)

Previous Two _____ From: _____ To: _____
(2) Addresses (Street) (City) (State/Zip)

_____ From: _____ To: _____
(Street) (City) (State/Zip)

Social Security Number: _____ Gender M F Date of Birth _____

Telephone: Home _____ Cell _____ Email Address _____

Florida Drivers License Number _____

Are you a member of Bell Shoals Baptist Church ("BSBC)? Yes _____, Since _____ No _____

- ♦ List any denominations or churches of which you have been a member, including the city and state. List all previous church service, volunteer or paid, you have provided within the last 10 years. Include approximate dates. (*Attach separate page, if necessary*)

- ♦ List all previous social and community-service work, volunteer or paid. Include approximate dates, organization's name, type of work you performed. (*Attach separate page, if necessary.*)

_____ Int.

♦ Please provide the names and phone numbers of three (3) personal references not related to you.

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>
a.	_____		
b.	_____		
c.	_____		

Please answer the following questions. We understand the following questions are personal; we will protect your privacy:

1. Is there any event in your life, past or present, which would prohibit you from effectively ministering to any member or attendee of BSBC? Yes No If yes, please explain on a separate page.

2. Is there any reason, physical or mental, that would keep you from effectively working with any BSBC member or attendee? Yes No If yes, please explain on a separate page.

3. Have you ever, for any crime: (1) been charged or indicted, (2) been convicted; (3) pled guilty; (4) pled nolo contendere or no contest; (5) had adjudication withheld; (6) been found guilty of a lesser offense than originally charged as part of a plea bargain arrangement; or (7) been placed on probation.

No

Yes If yes, Date(s)? _____ Where? _____

Please explain in detail, including case number, name of Court, nature of crime and disposition of case. This will not necessarily disqualify you from a volunteer role:

4. Are you willing to be fingerprinted? Yes No

Dated: _____

Signature

_____ Int.

BELL SHOALS BAPTIST CHURCH

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Bell Shoals Baptist Church (“BSBC”), including any of its ministries or affiliates, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be requested by BSBC for employment or volunteer purposes, whichever is applicable. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. BSBC also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of BSBC.

By signing below, you hereby authorize without reservation, any party or agency contacted by BSBC to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Acknowledgement and Authorization

Print Name: _____
(Last) (First) (Middle) (Maiden Name) Year Married

Former Name(s) and Dates Used: _____

Dated: _____

Signature