

**PARKHILLS BAPTIST CHURCH – SAN ANTONIO, TEXAS
VOLUNTEER APPLICATION
PRESCHOOL/CHILDREN/YOUTH WORKER**

Full Name _____ Today's Date _____
Address _____ Zip _____
Home Phone _____ Work Phone _____
Driver's License # _____ State _____ Exp. Date _____
Social Security # _____ Date of Birth _____

Are you a member of PARKHILLS BAPTIST CHURCH? _____ Yes _____ No

Please circle ministry you would like to serve in:

AWANA **SUNDAY SCHOOL** (Preschool, Children, Students) **VBS** **PT45** **STUDENTS** **NURSERY**

Experience: List any experience you have in working with children:

Personal References: Please list three references with DAYTIME & Evening phone numbers. List at least one non-related individual, one professional or volunteer related reference. *No Parkhills Baptist Church staff member may be listed as a reference.*

Name _____ Relationship _____
Address _____ Zip _____
Phone number (Day) _____ (Evening) _____
Name _____ Relationship _____
Address _____ Zip _____
Phone number (Day) _____ (Evening) _____
Name _____ Relationship _____
Address _____ Zip _____
Phone number (Day) _____ (Evening) _____

Employment: If currently employed, please complete:

Employer Name: _____
Occupation/Title: _____

Church Membership: List ANY churches of which you have been a member in the last 5 years.

Name of Church	City	State	Dates of Membership

Christian Background:

How long have you known Christ as your Lord and Savior? _____

Give your personal testimony of when and how Jesus has impacted your life:

Felony Conviction Information

Parkhills Baptist Church’s policy on volunteering with children is that all volunteers, regardless of sex, gender, or race will undergo a criminal background check. No person with a felony conviction will be permitted to volunteer in Parkhills’ Children’s Ministries. It is required for all applicants volunteering to work in the Children’s Ministries to complete the following:

1. I have _____ or have not _____ been convicted of a felony or misdemeanor.
2. I am _____ or am not _____ currently under indictment or charged in an official criminal complaint accepted by a district attorney with a felony or misdemeanor.
3. I have _____ or have not _____ ever been prohibited from serving in any capacity as an employee or volunteer with any organization or agency working with children.
4. I have _____ or have not _____ ever been reassigned, or asked to leave any position involving contact with children.

If your answer is affirmative to any of the above questions, you must speak to the minister in charge of your area.

If you were personally a victim of child abuse, we require that you make this information known to the minister under whose leadership you will serve. Admitting you were a victim will not automatically disqualify you from service. Your confidence will be respected and appreciated.

Volunteer statement

I hereby acknowledge and understand that with completion of this application, I give my permission to Parkhills Baptist Church and to its authorized agents to access information that may be appropriate to my qualification to serve in Parkhills Baptist Church Children’s Ministry.

I further understand that Parkhills has the right to review this application and subsequent information, to unconditionally accept or reject my application for volunteer service, and to terminate my placement at any time, and that upon termination, I will return any and all properties issued to me by Parkhills Children’s Ministries.

I agree upon placement that I will perform any volunteer responsibilities without compensation and that in performing these responsibilities, I am not acting as an employee or official representative of Parkhills Baptist Church.

Signature of Volunteer _____ Date _____

Prospective Organization: Parkhills Baptist Church
Criminal Background Check: Nationwide Search & Social Security Verification

NOTICE TO VOLUNTEERS

Your prospective organization has contracted with *ChoicePoint*, an agency used to verify certain information contained in your application for volunteer work provided by you during the interview process. The information requested below is necessary to complete this task. Please complete all information requested.

Applicant's Legal Name _____
Last Name First MI

Last Name _____ First _____ MI _____
Please provide any other name used for prior employment or school that differs from above.

Current Home Address _____
Street City/State Zip

Date of Birth _____ Social Security # _____
Month/Day/Year

RESIDENTIAL HISTORY: List All Residential Addresses In The Last 7 Years

Address City State Zip From: _____ To: _____

Address City State Zip From: _____ To: _____

Address City State Zip From: _____ To: _____

Address City State Zip From: _____ To: _____

It is possible that your acceptance for work may be determined in whole or part by your prospective organization using data from a report supplied by *ChoicePoint*.

APPLICANT CONSENT: I understand and agree that *ChoicePoint* will verify all or part of the information I have given my organization. I understand that this verification may include an inquiry into my motor vehicle driving record, criminal and civil records, prior employment (including contacting prior employers), as well as Social Security verification. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for volunteer work.

Volunteer Signature _____ Date: _____