

Appendix A
Palestine Baptist Church, Inc.
Preschooler/Children/Youth Application
Volunteers

Personal

Name: _____ Daytime Phone # _____

Address: _____

Age range: ___ under 18 ___ 18-25 ___ over 25

In which preschool/children/youth program (s) are you seeking to become involved? _____

What skills would you bring to the preschool/children/youth program? _____

What other preschool/children/youth work experience do you have?

Organization: **Program:** **Dates:** **Contact Person(s):**

Have you at any time ever:

- Engaged in, or been accused of any child molestation/abuse Yes ___ No ___

Are you aware of:

- Having any traits or tendencies that could pose any threat to preschoolers/children/youth or others? Yes ___ No ___

- Any reason why you should not work with preschoolers, 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)

Adopted 4/12/06

Ministry Experience

Church Name and Address: Dates: Area of Service: Contact Person & Phone:

References (Other than relatives)

Name/Relationship: Address: Phone:

1. _____
2. _____
3. _____

Applicant Verification and Release:

I recognize that Palestine Baptist Church, Inc. 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 Palestine Baptist Church with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release Palestine Baptist Church, Inc. and any such person to entity listed herein from liability involving the communication of information relating to my background or qualifications.

I have carefully read the Policy Statement on Preschool, Children, Youth Protection and Adult Leadership of Palestine Baptist Church, Inc., and I agree to abide by this policy and to protect the health and safety of the preschoolers, children, and or youth at all times.

Printed Name: _____

Signature: _____ Date: _____
