

SCREENING FORM FOR CHILDREN OR YOUTH WORKERS

CONFIDENTIAL

ROCKFORD BAPTIST CHURCH

This application is to be completed by all applicants, volunteer or compensated involving the supervision or custody of minors. This form is being used to help the church provide a safe and secure environment for our children within our facilities.

When you are finished please save your file and email it to worship@rockfordbaptist.org

PERSONAL

DATE:	PHONE: ()
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LAST NAME:	FIRST:	MIDDLE:
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MAIDEN NAME:	SEX: Male Female
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PRESENT ADDRESS:

CITY:	STATE:	ZIP:
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DATE OF BIRTH:	/	/
	(Month)	(Day) (Year)

DRIVER'S LICENSE #:

Please provide your driver's license (or other photographic form of ID) as confirmation of your identification.

If you are under the age of 18, what grade will you enter as of September of this year?

CHURCH HISTORY & PRIOR CHILDREN'S / YOUTH WORK

1. Have you ever been arrested for or convicted of child abuse, actual or attempted sexual molestation of a minor, or any other crime?	Yes No
If yes please explain:	

2. Please indicate the type of youth or children's work you prefer and/or your intended area(s) of involvement.

3. Name, address, and phone number of your previous church.

Name:	Phone: ()
Address:	
City:	State: Zip:

4. List previous work you have done in other churches and/or organizations in the past five years that involved children or youth (list name of church and/or organization, address, type of work performed and dates)

Church:
Dates:
Type of work:
Church:
Dates:
Type of work:

5. Personal References (not relatives):

Name:	Phone: ()
Address:	
City:	State: Zip:
Association with this person:	
Name:	Phone: ()
Address:	
City:	State: Zip:
Association with this person:	

For Office Use Only

Background Check Completed	YES	NO	DATE
CE Approved	YES	NO	DATE

Chairperson Signature

NOTES: