



**FAMILY MINISTRIES**  
 5435 Belle Terre Parkway  
 Palm Coast, FL 32137  
 (386) 445-5440

## APPLICATION FOR VOLUNTEER CHILDREN/STUDENT WORK CONFIDENTIAL

This application is to be completed by all applicants for any position, volunteer or compensated, involving the supervision or custody of minors. It is used to help the church provide a safe and secure environment for the children and youth who participate in our program and use our facilities. The information contained in this application will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for/in Parkview Baptist Church, or as required by law.

**Personal Information**

**Date:**

NAME (FIRST-MIDDLE-LAST)		MAIDEN
ADDRESS		HOW LONG AT THIS ADDRESS?
CITY	STATE	ZIP
PHONE (BEST PHONE AT WHICH TO BE REACHED)		
EMAIL	DATE OF BIRTH (MO/DA/YR)	
		HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/>
MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
EDUCATION: PLEASE CHECK THE HIGHEST GRADE COMPLETED HIGH SCHOOL <input type="checkbox"/> COLLEGE 2 YEARS <input type="checkbox"/> COLLEGE 4 YEARS <input type="checkbox"/> GRADUATE SCHOOL <input type="checkbox"/> OTHER <input type="checkbox"/>		
IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN SEVEN YEARS, PLEASE PROVIDE INFORMATION ON ALL ADDRESSES DURING THE LAST SEVEN YEARS .		
ADDRESS _____	CITY _____	STATE _____ ZIP _____ DATES _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____ DATES _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____ DATES _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____ DATES _____

**Help us ensure that Parkview is a *SAFE PLACE* for our children/youth/volunteers.**

*(An answer of yes in any of the below areas will be reviewed by the director of the ministry area and may disqualify you from that particular area of ministry.)*

HAVE YOU HAD OR CURRENTLY HAVE ANY OF THESE HEALTH PROBLEMS? <input type="checkbox"/> HEPATITIS <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> AIDS <input type="checkbox"/> MAJOR DEPRESSION <input type="checkbox"/> TREATED FOR PSYCHIATRIC DISORDER <input type="checkbox"/> PHYSICAL LIMITATIONS <input type="checkbox"/> OTHER: _____ IF YES, PLEASE EXPLAIN HOW YOU BELIEVE IT WILL AFFECT YOUR WORK WITH CHILDREN (we may request a doctor's release to clear you for ministry)	
DO YOU CURRENTLY HAVE OR HAVE HAD AN ADDICTION PROBLEM WITH DRUGS, ALCOHOL, PORNOGRAPHY, CHILD ABUSE OR ATTEMPTED SEXUAL MOLESTATION OF A MINOR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN	
HAVE YOU EVER BEEN ARRESTED ON CHARGES OF CHILD ABUSE OR A CRIME INVOLVING ACTUAL OR ATTEMPTED SEXUAL MOLESTATION OF A MINOR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN	Where you ever convicted of the charges? YES <input type="checkbox"/> NO <input type="checkbox"/>

*(Please complete reverse also)*

## Let us get to know you...

HOW LONG HAVE YOU BEEN ATTENDING PARKVIEW BAPTIST CHURCH?
DO YOU REGULARLY ATTEND WEEKEND SERVICES?
WHAT TYPE OF CHILDREN / YOUTH WORK DO YOU PREFER?
WHAT IS THE NAME AND ADDRESS OF THE CHURCH WHERE YOU ARE A MEMBER? ADDRESS    CITY    STATE    DATES    TO
LIST THE NAME OF ALL CHURCHES (WITH ADDRESSES) YOU HAVE ATTENDED REGULARLY DURING THE PAST FIVE YEARS, INCLUDING THE TYPE OF WORK YOU VOLUNTEERED FOR. PLEASE INCLUDE DATES IF APPLICABLE.
CHURCH _____ DATES _____ TO _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ TYPE OF WORK DONE _____
CHURCH _____ DATES _____ TO _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ TYPE OF WORK DONE _____
HOW DID YOU BECOME A CHRISTIAN? WHAT IS YOUR TESTIMONY OF SALVATION?
LIST ANY GIFTS, CALLING, TRAINING, EDUCATION, OR OTHER FACTORS THAT HAVE PREPARED YOU FOR CHILDREN'S WORK:

## REFERENCES

PLEASE LIST 2 ADULTS YOU HAVE KNOWN FOR AT LEAST ONE YEAR, WHO ARE NOT RELATED TO YOU, AND HAVE A DEFINITE KNOWLEDGE OF YOUR CHARACTER AND ABILITY TO WORK WITH CHILDREN.
NAME _____ ADDRESS _____
CITY _____ STATE _____ MAIN PHONE _____ YEARS KNOWN _____ / NATURE OF ASSOCIATION _____
NAME _____ ADDRESS _____
CITY _____ STATE _____ MAIN PHONE _____ YEARS KNOWN _____ / NATURE OF ASSOCIATION _____

## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children's/student work. I release all such references from any liability for furnishing such evaluations to you. I waive any right that I may have to inspect references provided on my behalf. I agree to a criminal background search to be obtained from law enforcement authorities now or in the future.

Should my application be accepted, I agree to be bound by the articles of faith and policies of Parkview Baptist Church and to refrain from unscriptural conduct in the performance of my service on behalf of the church.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for volunteering, or result in termination from volunteering from Parkview Baptist Church. By signing below, I certify that I have read and fully understand the terms of this Applicant Statement.

\_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_  
DATE