

# BBC BIBLE BAPTIST CHURCH

Associated Ministries: Mountain Lakes Bible Camp and Triad School

## Children, Youth, Elderly, and Disabled Volunteers and Employees INITIAL MINISTRY APPLICATION

Name: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Age range:  under 18     18 - 25     over 25

In which children, youth, elderly, or disabled program(s) are you currently involved? \_\_\_\_\_

What skills would you bring to the children, youth, elderly, or disabled program? \_\_\_\_\_

What other children, youth, elderly, or disabled work experience do you have: *(Please list)*

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Have you ever :

Participated in, or been accused, convicted or pleaded guilty or no contest to abuse or any sexual misconduct?  Yes  No

If yes, was it in Oregon or in another state?  
(Please specify the state.) \_\_\_\_\_

If yes, did the crime involve force or minors?  Yes  No

Participated in, or been accused, convicted or pleaded guilty or no contest to a crime involving violence or threat of violence?  Yes  No

If yes, was it in Oregon or in another state?  
(Please specify the state.) \_\_\_\_\_

Been convicted of any criminal offense?  Yes  No

If yes, was it in Oregon or in another state?  
(Please specify the state.) \_\_\_\_\_

Been convicted of a crime involving criminal activity in drugs or alcoholic beverages?  Yes  No

If yes, was it in Oregon or in another state?  
(Please specify the state.) \_\_\_\_\_

**Are you aware of:**

- Having any traits or tendencies that could pose any threat to children, youth, elderly, disabled, or others?  Yes  No
- Any reason why you should not work with children, youth, elderly, disabled 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)*

**Church Activity**

What church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____

**References (Other than relatives, who can attest to your suitability for the position you are seeking)**

Name / Relationship	Address	Telephone
_____	_____	_____
_____	_____	_____

**Applicant Verification and Release**

I recognize that the organization to which this application is being submitted 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 understand that misrepresentation or omission of facts called for is cause for dismissal.

I authorize the organization to contact and person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualification. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children, youth, elderly, or disabled at all times.

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_