

BBC BIBLE BAPTIST CHURCH

Associated Ministries: Mountain Lakes Bible Camp and Triad School

Children, Youth, Elderly, and Disabled Volunteers and Employees **RENEWAL 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? _____

In what other children/youth/elderly/or disabled program(s), if any, do you plan to become involved? _____

In the past twelve months have you:

- 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 the conviction 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)

Applicant Verification and Release

I recognize that the organization to which this application is being submitted is relying on 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 agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children, youth, elderly, and disabled at all times.

Printed name: _____

Signature: _____ **Date:** _____