

Oakmont Baptist Church Working with Minors Application

General Information

Date (mm/dd/yyyy) _____

Name _____
Last First Middle

_____ Goes By Maiden

Date Joined Oakmont (mm/dd/yyyy) _____

Briefly describe your relationship with Jesus Christ

Ministry Interests

Please Check All That Apply

Ages Interested in Leading

- | | |
|--|---|
| <input type="checkbox"/> Nursery (babies & toddlers) | <input type="checkbox"/> Tweens (Grade 6) |
| <input type="checkbox"/> Younger Preschool (ages 1-3) | <input type="checkbox"/> Younger Youth (Grades 7 & 8) |
| <input type="checkbox"/> Older Preschool (ages 4 & 5) | <input type="checkbox"/> Middle Youth (Grades 9 & 10) |
| <input type="checkbox"/> Younger Children (grades 1-3) | <input type="checkbox"/> Older Youth (Grades 11 & 12) |
| <input type="checkbox"/> Older Children (grades 4 & 5) | |

Organizations Interested in Leading

- | | |
|---|--|
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Special Needs Education |
| <input type="checkbox"/> Mission Groups | |

Groups You Regularly Attend

- | | |
|--|--|
| <input type="checkbox"/> 8:20 Sunday School | <input type="checkbox"/> Spiritual Formation Group |
| <input type="checkbox"/> 9:40 Sunday School | <input type="checkbox"/> Prayer Group |
| <input type="checkbox"/> 11:00 Sunday School | <input type="checkbox"/> Mission Organization |
| <input type="checkbox"/> 9:40 Worship | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Emerge Worship Experience | _____ |

Education and Training

Please list any training, education, or other factors that have prepared you to work with minors.

Please list any medical training

CPR Certified _____ Certification Expires (mm/dd/yyyy) _____

SIDS Certified _____ Certification Expires (mm/dd/yyyy) _____

Local Personal References (over 18 and not related)

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

General Questions

The following questions are related to our *Working With Minors Policy* and are designed to help us provide a safe and secure environment for our minors and for the protection of our volunteers. All information is held strictly confidential. Answering “yes” to any question may not necessarily preclude your involvement in our ministry with minors.

_____ Have you had any painful experiences in your life that may have better equipped you for or hinder you in a productive ministry with children?

_____ Would you like to meet with a minister regarding this circumstance?

_____ Are there any circumstances involving your life-style or your background that would call into question your ability to work with children?

_____ Are you an adult survivor of child abuse?

(Those answering “yes” must meet with the Pastor and/or Minister of Administration before becoming eligible to serve as a Worker. The capacity and eligibility of the applicant to serve as a Worker shall be determined by the Pastor and/or Minister of Administration.)

_____ Have you ever been treated for or hospitalized for alcohol or other substance abuse?

_____ Have you had a prior criminal charge or conviction relating to or affecting a Minor?

(Those answering “yes” must meet with the Pastor and/or Minister of Administration before becoming eligible to serve as a Worker. The capacity and eligibility of the applicant to serve as a Worker shall be determined by the Pastor and/or Minister of Administration.)

If you answered “yes” to any of the above questions, please explain:

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in the application to provide any information they may have regarding my character and fitness for working with minors and I release all such references from liability for any damage that may result from furnishing such evaluations to Oakmont Baptist Church, Inc.

I agree to follow the *Working With Minors Policy* and the *Working with Minors Procedures* of Oakmont Baptist Church, Inc.

I agree to refrain from unscriptural conduct in the performance of my services on behalf of Oakmont Baptist Church, Inc.

I have completed the required on-line form for a criminal background check. By completing this form I have authorized that any information which pertains to any record of convictions contained in police files or any criminal file maintained on me, whether national, state, or local, be released to the Oakmont Baptist Church, Inc.. In so authorizing, I release any Police Departments, Oakmont Baptist Church, Inc., and those individuals receiving the results of the check from any and all liability resulting from the check from such disclosure.

I understand that the personal information obtained will be held in a confidential and secure manner.

Signature _____

Date (mm/dd/yyyy) _____

For Office Use

Application
 Reviewed
 Approved
Date _____
By _____

Criminal Background Check
 Completed
 Approved
Date _____
By _____

Working with Minors Policy
 Provided
Date _____
By _____

Working with Minors Procedures
 Provided
Date _____
By _____

Acknowledgement Form
 Received
Date _____
By _____