

RAVENNA BAPTIST CHURCH VOLUNTEER WORKER APPLICATION

Area of Desired Ministry:

Please check all that apply: Nursery (Birth-3 yrs) Children (Pre-K-5th) Youth (6-12th)

Please Print

Full Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Driver's License Number: _____

Other Names Used: _____ Social Security Number: _____

Regular Attendee at Ravenna Baptist Church since: _____

Church Membership since: _____ Previous Church Membership: _____

I understand that to protect the children and the integrity of Ravenna Baptist Church, all children and youth volunteers are routinely screened by the Michigan State Police Department for evidence of sexual or violent offences against children. My signature on this form attests that I have not committed these offenses and authorizes the screening process.

Volunteer Signature: _____ Date: _____

Parental Signature required if volunteer under age 18: _____

WORK STATUS

Part time Full time Student

MARITAL STATUS

Single Married Divorced

EDUCATION

High School _____ Year graduated _____

College/Trade School _____ Year graduated _____

Degree _____ Minor _____

Other Education _____ Year graduated _____

PERSONAL AND SPIRITUAL HISTORY

Write a brief testimony about how you know you are a Christian.

In caring for students, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the pastoral staff.

Are you using illegal drugs? _____ Yes _____ No

Have you gone through treatment for alcohol or drug abuse? _____ Yes _____ No
If yes, please describe.

Have you ever had sexual relations with any minor after you became an adult? _____ Yes _____ No

Have you ever been accused or convicted of any form of child abuse? _____ Yes _____ No
If yes, please describe.

Have you ever been a victim of any form or child abuse? _____ Yes _____ No

If yes, would you like to speak to the pastor? _____ Yes _____ No

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Ravenna Baptist Church to release any and all records or information relating to working with minors. Ravenna Baptist Church may contact any appropriate governmental agency as deemed necessary in order to verify my suitability as a youth worker. I understand that the personal information will be held confidential by professional church staff.

Signature: _____

Date: _____