

Application for Volunteer Workers Who Will Work With Minors

All information is held in the strictest confidence!

Date _____ Social Security Number (required) _____

Full Name _____ Nickname/Alias/Maiden Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E mail Address _____ Driver's License # _____

Male or Female _____ Age _____ Birth Date (Include Month/Date/Year) _____

Present Employer _____

May we call you at work? Yes No

Because The Heights cares for our children and desires to protect them, we ask you to please answer the following questions. We understand they are personal and we will protect your privacy.

- Are you a member of The Heights Baptist Church? Yes No
- Have you ever been involved in children's/youth ministry before? Yes No
- If yes, in what areas? _____
- With what church or organization? _____ City _____ Phone _____
- Have you ever been known by another name? Yes No If yes, please explain.

- During your lifetime, have you ever been convicted for molesting or abusing a child, physical assault or a sexual offense of any nature? Yes No
- Have you ever been prosecuted for child abuse or molestation? Yes No
- Are you willing to be photographed for the confidential church personnel records? Yes No
- List the names and addresses of other churches you have attended regularly during the past five years.

- What is your past experience in working with minors?

- Why do you want to be involved with minors at The Heights Baptist Church?

- Do you have any physical handicaps or conditions that will require special equipment for you to perform your duties? Yes No If yes, please explain

- Briefly describe when you accepted Christ as your Savior and when you were baptized.

List the names of other Heights members/phone numbers and email address who know you
(No relatives please)

1. _____

Phone: _____

Email: _____

2. _____

Phone: _____

Email: _____

3. _____

Phone: _____

Email: _____

List the names/phone numbers and email address of 3 Personal References
(No relatives please)

1. _____

Phone: _____

Email: _____

2. _____

Phone: _____

Email: _____

3. _____

Phone: _____

Email: _____

Areas of Interest

Skills and Talents: _____

Applicant Statement

I hereby certify that I have read and completed the above application. My answers are true and correct to the best of my knowledge.

I give permission for the church to maintain my photograph on file and to conduct a criminal-court background check on me now and at regular intervals. If allowed to work with children I agree to be bound by the bylaws and policies of The Heights. I give permission for the church to publish my contact information on the Preschoolers at The Heights website under a password protected page for volunteers only, allowing other volunteers to contact me when they are in need of a substitute.

I hereby authorize all persons, schools, organizations and law enforcement agencies to supply The Heights with any information concerning my character or background in connection with working with children and I hereby release them from liability or damages which may occur as a result of their response to this request.

I authorize The Heights to supply my service record, in whole or part, to any prospective or future organization or agency with a legal and proper interest in them. I understand that if allowed to serve, that any misrepresentation made by me in this application shall be considered sufficient cause for my dismissal without advance notice. I have been appraised of and support the church's position regarding the problem of child abuse and neglect.

Electronic Signature

You represent and warrant that you have the legal right, power and authority to agree to the terms of this Agreement on behalf of yourself. You further agree that your use constitutes an electronic signature as defined by the Electronic Signatures in Global and National Commerce Act ("E-Sign") and the Texas Uniform Electronic Transactions Act ("UETA") and that you have formed, executed, entered into, accepted the terms of and otherwise authenticated this Agreement and acknowledged and agreed that this Agreement is an electronic record for purposes of E-Sign, UETA and the Uniform Computer Information Transactions Act and as such is completely valid, has legal effect, is enforceable, and is binding on, and non-refutable by you.

PLEASE TYPE YOUR NAME AND DATE IN THE SIGNATURE AND DATE SECTIONS BELOW TO ELECTRONICALLY SIGN THIS AGREEMENT.

_____/_____
Signature Date