



## CHRISTIAN EDUCATION APPLICATION FORM

(to be completed by volunteers in Children's and Student Ministries)

### CONFIDENTIALITY

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

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### Identification Information

Please fill this section out completely; we will contact police for a background check. Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Month Day Year

Maiden Name or Alias \_\_\_\_\_ Dates Used \_\_\_\_\_ to \_\_\_\_\_

Any Other Alias \_\_\_\_\_ Race \_\_\_\_\_

Present Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please list all states and counties in which you have lived as an adult and the dates you lived there:

County \_\_\_\_\_ State \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Please attach a copy of your Driver's License or ID**

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### Personal History

Have you ever been convicted of or pled guilty to a crime?

 No Yes (If yes, please explain; attach a separate page if necessary.)  
\_\_\_\_\_

Have you ever been charged with, formally investigated in connection with, or convicted of any form of child abuse and/or neglect, or criminal sexual conduct?

 No Yes (If yes, please explain; attach a separate page if necessary.)  
\_\_\_\_\_

For Office Use

Personal References Completed (Date): \_\_\_\_\_

Church History Confirmed (date): \_\_\_\_\_

Background Checked (date): \_\_\_\_\_

Pastoral Staff Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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## Church History and Prior Children/Youth Work

Please list the current name, address, and phone number of churches you have attended regularly within the past seven (7) years.

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Church \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*City State Zip*

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Were you involved in children/youth work at any of these churches?  Yes  No

If so, in what capacity? \_\_\_\_\_

List any other previous experience working with children/youth.

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### For Office Use

Church 1: Date/Time Contacted \_\_\_\_\_ Contact \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Church 2: Date/Time Contacted \_\_\_\_\_ Contact \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

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## Personal References

Please do not list relatives or West Cannon Pastoral Staff as references.

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Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*City State Zip*

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### For Office Use

Date Sent: \_\_\_\_\_ Date Returned: \_\_\_\_\_

### For Office Use

Date Sent: \_\_\_\_\_ Date Returned: \_\_\_\_\_

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## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I give permission to West Cannon Baptist Church to check church references, personal references, and criminal records. I furthermore authorize any references listed in this application to give West Cannon Baptist Church any information (including opinions) that they may have regarding my character and fitness for children or youth work.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_