

RHBC CONFIDENTIAL

VOLUNTEER APPLICATION

Your department of interest: _____
e.g. Nursery, Preschool, Elementary, Activities, Youth

Please print all information and do not omit any answers. Please be sure to read and sign the back.

Name: _____
Last First Middle Initial

Maiden/Other Names: _____ SS# _____ - _____ - _____

Sex _____ Date of Birth _____ Home Phone# _____

Current Full Address: _____
Street City State Zip

Email Address: _____

Current Employer: _____

Church History

How long have you attended services at Rolling Hills Baptist Church? _____

Are you a member of Rolling Hills Baptist Church? _____ How long a member of RHBC? _____

Please list any previous work involving children, any gifts or education that has prepared you to work in your department of interest:

References

Please give two (2) character references with whom you have had sufficient contact over the past five (5) years. **Please do not use Rolling Hills Baptist staff members or relatives.**

If you are under the age of 18, please keep in mind that your references must be an adult.

1. Name: _____ Relationship: _____
Address: _____
Street City State Zip
Home Phone: _____ Work Phone: _____
Email Address: _____
2. Name: _____ Relationship: _____
Address: _____
Street City State Zip
Home Phone: _____ Work Phone: _____
Email Address: _____

PLEASE SEE REVERSE SIDE

Personal Background

1. When working in your area of interest, are there any medical conditions that would prevent you from performing certain types of activity? _____

If yes, please explain:

2. Are you a carrier of any infectious disease (e.g. hepatitis, AIDS, syphilis, other STDs, etc.)?
_____If yes, be specific. _____
3. Have you ever been accused and/or convicted of domestic violence, pornography, child abuse, molestation or any other sexual or assaultive crime related to persons? _____
4. Have you ever been counseled for any of the situations described in number 3 above: _____
5. Would you like a staff member to call you to discuss your answers regarding the above questions?

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Rolling Hills Baptist Church or its representatives access to any and all records and information relating to my working with minors. The church may also contact my references. I authorize any references listed to give you any information they may have regarding my character and fitness for work with minors. I release all such references from liability from any damage that may result from such evaluations to you and I waive any right to inspect these references.

I authorize Rolling Hills Baptist Church to perform a criminal background records check now and as needed in the future to update my records for arrests, convictions, or other information the County Department of Corrections, the State Justice Cabinet, and any other local, state, or federal criminal enforcement agency may have regarding me and release such information to Rolling Hills Baptist Church.

I release Rolling Hills Baptist Church and the above mentioned agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from this information for qualifications of volunteer work at Rolling Hills Baptist Church.

Applicant's Signature

Date