

Laveen Baptist Church

INFORMATION PACKET FOR PRESCHOOL/CHILDREN/YOUTH MINISTRIES

(orig.5-99) (Revised 1-29-2013)

Office use only!
Date Checked _____ by (Initials) _____
Information found _____

The information contained in this packet will be kept confidential but will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for or in Laveen Baptist Church, or as required by law. **(This packet is kept in a locked file).**

GENERAL INFORMATION (Please print)

Date _____

Name: _____

Maiden Name (or other name you're known by): _____

Street Address: _____ City _____ State _____ Zip _____

Mailing Address (if different) _____

Number of years at this address _____

Home Phone _____ Work Number _____

Date of Birth _____ Place of Birth _____

Social Security Number _____ Driver's License Number & State _____

(After screening process, SS# and license # will be blacked out)

(For 18 years and under, a valid signature of parent/guardian must be obtained before screen process occurs. See back page for signature line, if applies)

Are you a member of Laveen Baptist Church? _____

If not, what Church _____ Address _____

PREVIOUS ADDRESS

If you have lived at your current address for less than two years, provide information on all addresses during that period of time.

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

PRESENT EMPLOYMENT (If not employed, please indicate, i.e. retired, student, not employed, etc.)

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Employment date _____ to _____

If you have been employed at this position for less than two years, provide previous employer information.

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Employment date _____ to _____

PERSONAL REFERENCES

List two people you've known for at least one (1) year, who are not related to you and have a definite knowledge of your character and qualifications to work with children and or youth.

1. Church Staff (Laveen or other Church), Deacon, Teacher, AWANA, etc.

Name _____ Nature of Association _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Number _____

Length of Time Known _____ Occupation _____

2. Social Friend or Neighbor

Name _____ Nature of Association _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Number _____

Length of Time Known _____ Occupation _____

Spiritual Journey

Summarize how you came to know Jesus Christ as your Savior. **If you haven't yet, please indicate.**

What do you do on a consistent basis for spiritual growth? **If you don't yet, please indicate.**

When did you become a member of Laveen Baptist Church? **(If not, please indicate)** _____

Do you regularly attend Sunday & Wednesday services at Laveen? _____

CALLING

Describe why you want to work with children and or youth at Laveen Baptist Church?

Check all that apply. Birth thru 2 year olds [], 3-4 year olds [], Sunday school [], AWANA [],
MOPS [], Youth [], Van driver/rider [], VBS [], Other [] (please specify)

MINISTRY EXPERIENCE

Please describe previous and current ministry experiences at Laveen Baptist Church, including the name of the person to whom you reported. **(If none, please indicate)**

PERSONAL SITUATIONS

Have you ever been convicted of any offense against the law? (You may omit minor traffic violations.)
If yes, please explain.

Yes_____ No_____

Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing, or molesting a child? If yes, please explain in detail, providing date and place of incident.

Yes_____ No_____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addiction or has anyone ever suggested that you may have a problem with any of the above?
If yes, please explain.

Yes_____ No_____

Are there any physical limitations that may impair your ability to serve in any area of Preschool?
Or have you been treated for a psychiatric disorder? If yes, please explain.

Yes_____ No_____

AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I hereby authorize the above named Church, and/or its agents, to make an independent investigation of my background, references, character, past employment, education, criminal, or police records including those maintained by both public and private organizations, for the purpose of confirming the information contained on my application.

I understand that the information obtained will be used to determine my qualifications for work now, and if applicable, during the tenure of my work with the above named Church.

I release the above named Church, and/or its agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. I reserve the right to correct any information obtained by the Church.

Any information obtained through the above is to be handled as personal and private and is not to be released to anyone not involved with the above named church.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Signature_____ Date_____

Parent/guardian signature for 18 year olds and under_____

Date_____