



Date _____

CONFIDENTIAL VOLUNTEER APPLICATION

In order to assure the health, safety, and security of our children, youth and families, we screen all our volunteers.

PLEASE CHECK THE MINISTRIES WHERE YOU HOPE TO SERVE.

Nursery _____ Sunday School _____ Sunday Children’s Worship _____ VBS _____
LiveWire (Wed.) _____ Youth: MSM _____ Youth: HSM _____ Childcare _____ Other _____

PERSONAL & SPIRITUAL INFORMATION

Please PRINT clearly and complete the entire application. Please read the attached GENERAL POLICY FOR PROVIDING A SAFE ENVIRONMENT FOR CHILDREN AND YOUTH and sign this application.

Legal Name: _____
Last First Middle

Current Address: _____ City/Zip _____

Phone # _____ E-Mail Address _____

Drivers’ License # _____ Date of Birth _____

Employer _____ Phone # _____

How long have you attended services at Western Springs Baptist Church? _____

Are you a member of WSBC? [] Yes [] No

Have you read and do you believe and follow to the Confession of Faith of the Western Springs Baptist Church?
(WSBC Confession of Faith can be found at the WSBC Office or at <https://wsbc.info/about-us/what-we-believe> [] Yes [] No

List other churches you have attended regularly during the past 5 years: _____

Please list any previous experience working with children and/or youth and any gifts or education that has prepared you to volunteer in your area of interest: _____

What are some of your strengths? _____

Are you a Christian, someone who loves Jesus and follows Him and His teaching? [] Yes [] No

If Yes, please explain briefly when and how you became a Christian, and what a personal relationship with Jesus means to you. _____

PERSONAL DISCLOSURE & LIFESTYLE INFORMATION

In order to assure the health, safety, and security of our children and families, we screen all our volunteers. These questions are not designed to offend or to pass judgment, rather to create an environment where a person's past will not hinder the ministry in carrying out its mission in a safe, fun and productive way. If you must answer "Yes" to any of the Personal Disclosure questions, we will discuss how this may impact you serving with children and youth at Western Springs Baptist Church.

1. Are there any medical conditions that could prevent you from performing certain type of activities ... like getting on the floor with children or playing games? Yes No

If yes, please explain: _____

2. Have you ever engaged in, been accused of or convicted of domestic violence, child abuse, molestation or any other sexual or assaultive crime related to persons? Yes No
3. Have you ever been counseled for any of the situations described in #2 above? Yes No
4. Have you ever used illegal substances or abusively used legal or addictive substances such as prescription drugs, tobacco, alcohol, pornography, etc.? Yes No
5. Would you like one of our Pastors to contact you to discuss your answers regarding the above questions? Yes No

REFERENCES

Please provide two character references with whom you have had sufficient contact over the past five years. Please do not use relatives or Western Spring Baptist Church staff members.

1. Name: _____ Relationship: _____

Phone: _____ E-mail Address _____

2. Name: _____ Relationship: _____

Phone: _____ E-mail Address _____

AUTHORIZATION

Have you read and agree to follow the General Policy for Providing a Safe Environment for Children and Youth?



Yes No

The information contained in this application is true and complete to the best of my knowledge. I authorize investigation of all information contained in the application. The church may also contact my references and I waive any right to inspect these references. I authorize obtaining information concerning my education, my character and fitness for working with children or youth. I authorize Western Springs Baptist Church to perform a criminal record check now and as needed in the future. I release and hold harmless all parties from all liability for any damage that may result from the release of this information to Western Springs Baptist Church.

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF WESTERN SPRINGS BAPTIST CHURCH.

Please note: A BACKGROUND CHECK powered by Checkr through Planning Center is required for everyone age 18 and older to serve with children, students, and/or people with special needs.

-  An email will be sent to you asking you to complete the Authorization Request Form and Background Check form online.
-  If you do not have email, then you may complete a paper form located at the WSBC Office.



Date _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application to serve as a volunteer with WESTERN SPRINGS BAPTIST CHURCH, I acknowledge receipt of the separate documents entitled Disclosure Regarding Background Investigation and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by WESTERN SPRINGS BAPTIST CHURCH at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, past or present employers, motor vehicle records agencies, or insurance company to furnish any and all background information requested by Checkr, Inc., One Montgomery Street, Suite 2400, San Francisco, CA 94104 | (844) 824-3257 | Help Center | Candidate Portal and/or the Company. I agree that a facsimile (“fax”), electronic, or photographic copy of this Authorization shall be as valid as the original.

Acknowledgement and Authorization

By completing the online form or filling out and signing the below form, I voluntarily and knowingly authorize WESTERN SPRINGS BAPTIST CHURCH or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

SIGNATURE _____ TODAY'S DATE: _____

LAST NAME:

FIRST NAME:

MIDDLE NAME/INITIAL:

HOME ADDRESS:

CITY:

COUNTY:

STATE: ZIP:

SSN: (Required Only for Identity Verification Purposes)

D/L or STATE ID: STATE ISSUED:

EMAIL:

FULL DATE OF BIRTH: (Required Only for Identity Verification Purposes)

Please List Other Names Used:

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