



Date \_\_\_\_\_

## CONFIDENTIAL VOLUNTEER APPLICATON – for Applicants under the age of 18

*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.*

### PLEASE CHECK THE MINISTRIES WHERE YOU HOPE TO SERVE.

Sundays: Nursery \_\_\_\_\_ PreK \_\_\_\_\_ wsbcKids: K-4th \_\_\_\_\_ PTM: PreTeen Min. \_\_\_\_\_

Wednesdays: LiveWire: PreK \_\_\_\_\_ LiveWire: K-5th \_\_\_\_\_ Youth: MSM \_\_\_\_\_

Summer: VBS \_\_\_\_\_ Extra: Childcare \_\_\_\_\_

### PERSONAL & SPIRITUAL INFORMATION

**Please PRINT clearly and complete the entire application. Please fill out this form with a Parent. You and a Parent are required to sign this form.**

Legal Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

Current Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Do you and your family attend services at Western Springs Baptist Church regularly?  Yes  No

If No, please list the Church you do attend. \_\_\_\_\_

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

If Yes, explain briefly when and how you became a Christian. \_\_\_\_\_

---

---

---

### HAVE YOU EVER...

- Used illegal drugs and substances, or use addictive substances like tobacco, alcohol, pornography, etc.?  Yes  No
- Been convicted of or pleaded no contest to any crime?  Yes  No
- Engaged in or been accused of any act of child molestation, exploitation, or abuse?  Yes  No

*If you must answer "Yes" to any of the above questions, please explain using the back of this form. We will discuss how this may impact you serving with children and youth at Western Springs Baptist Church.*

- Would you like one of our Pastors to contact you to discuss your answers regarding the above questions?  Yes  No

### AUTHORIZATION

*The information contained in this application is true and complete to the best of my knowledge.*

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF WSBC.**