



BELMONT KIDS VOLUNTEER APPLICATION

This application is confidential and for the protection of our kids. This helps us to carry out our mission while safeguarding the youth in our care against emotional, physical, and sexual abuse.

Once complete, please return this application via email or hard copy to Rene Ward (rward@belmontlife.org)

Explanation

This application will be asking some very personal and private questions. It is our intention to find out more about the people that we are entrusting with children and youth. The information contained in this application will be treated with the utmost of confidentiality and respect. No one will have access without proper authorization.

This application is completed by all applicants for any position (volunteer or compensated) involving interaction with minors. This is **not** an employment application.

PERSONAL INFORMATION

Name _____ Nickname _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____

Home/Cell Phone () _____ Work Phone () _____

Date of Birth _____ Are you: Single Married Separated Divorced Widowed

Spouse's Name _____

Do you have children? No Yes If yes, how many? _____

Previous Addresses

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

#1 Address _____ City _____

State _____ Zip _____ Dates Lived Here _____

#2 Address _____ City _____

State _____ Zip _____ Dates Lived Here _____

#3 Address _____ City _____

State _____ Zip _____ Dates Lived Here _____

REFERENCES

List two people that you know, who meet the following criteria: **1) Are over 18 years old 2) Are not related to you 3) Have seen you around minors 4) Have known you more than one year 5) Have a definite knowledge of your character**

REFERENCE ONE

Name _____ Relationship _____

Length of Time Known _____ City and State of Residence _____

Home/Cell Phone _____ Work Phone _____

Email _____

REFERENCE TWO

Name _____ Relationship _____

Length of Time Known _____ City and State of Residence _____

Home/Cell Phone _____ Work Phone _____

Email _____

APPLICANT’S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they have regarding my character and fitness for child or youth work. I authorize the release of the information contained in this application, on a confidential, need to know basis, to any Ministry at Belmont Baptist Church in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by Belmont Baptist Church, I hereby release any individual, church, youth organization, charity, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature, which an at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. To uphold the confidentiality of the references, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Belmont Baptist Church to inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Print Applicant's Full Legal Name _____

Print Maiden Name or Any Aliases _____

Driver's License Number and State _____

Social Security Number (required for background check) _____

Place of Birth _____

Applicant's Gender M F Ethnic Background _____

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If applicant is a minor)

Once complete, please return this volunteer application to Rene Ward via email or hard copy. Also, if you have questions regarding this application or Belmont Kids, please contact Rene Ward at rward@belmontlife.org.

Office use only

Applicant's Name: _____ Date completed: _____

- Basic form completed. Date: _____ by: _____
- Background check cleared. Date: _____ by: _____
- Child Protect video passed: Date: _____ by: _____
- References checked. Date: _____ by: _____
- Information form complete & cleared. Date: _____ by: _____
- First serve. Role: _____ Date: _____ by: _____
- Added to BK email list. Date: _____ by: _____
- Added to BK schedule. Date: _____ by: _____
- Volunteer name tag. Date: _____ by: _____