

Requesting Ministry: _____

Confidential Background Check Application

Bell Shoals Baptist Church

Brandon Apollo Beach Hispanic Palm River Riverview
(circle campus)

This form is to be completed by all volunteers, those working with or having contact with minors, and those participating in a mission journey. Please complete the form by answering all questions. Once you have answered all questions, please return the completed form in the enclosed envelope.

Full Name: _____
(as it appears on your Driver's License or Passport)

S.S. Number: _____ DOB: _____ Sex: _____

Driver's License Number/State: _____

Present Address: _____ How Long?: _____

City/State: _____ Zip Code: _____ County: _____

Phone Number: _____ Email Address: _____

If you lived at the above address for less than 5 years, please list your previous address:

Previous Address: _____

City/State: _____ Zip Code: _____ County: _____

Have you ever been the subject of an investigation/inquiry involving physical, mental or sexual abuse?
_____ Yes _____ No (If yes, please explain - attach a separate page if necessary)

Have you ever been physically, mentally or sexually abused? _____ Yes _____ No

If yes, did you receive counseling? _____

By not answering the above question, or answering yes to the above question, it is our understanding that you agree to speak with one of our Ministerial Staff

Have you ever physically, mentally or sexually abused another person? _____ Yes _____ No

Have you in the past, or are you now involved in the use or distribution of pornography in any form?

_____ Yes _____ No If yes, when? _____

I affirm the information provided in this application is true and correct to the best of my knowledge. In consideration of the receipt and evaluation of this form by Bell Shoals Baptist Church of Brandon, Inc., I hereby release any individual, church, or organization including record custodians, both collectively and individually, from all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. By signing, I authorize Bell Shoals Baptist Church to complete subsequent background checks every three years, unless I notify Bell Shoals Baptist Church in writing. I further state **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Applicant's Signature: _____ Date: _____

This is two page document. Please complete and sign both sides.

Requesting Ministry: _____

Church History and Previous Ministry

When did you make your profession of faith in Christ?: _____

When were you baptized?: _____

Name of church of which you are a member: _____

List any gifts, callings, training, education, or other factors that have prepared you for the volunteer position for which you are interested: _____

Is this for a mission journey? _____ Yes _____ No

If yes, please list the journey location and dates: _____

List all previous church work:

Church: _____

Church: _____

Contact Person: _____

Contact Person: _____

City, State: _____

City, State: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Type of Work: _____

Type of Work: _____

List all previous non-church work related to the area where you would like to serve:

Church: _____

Church: _____

Contact Person: _____

Contact Person: _____

City, State: _____

City, State: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Type of Work: _____

Type of Work: _____

Personal Reference (not former employers or relatives):

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

MEMORANDUM OF UNDERSTANDING REGARDING THE CONFIDENTIALITY OF MEDICAL CARE INFORMATION

The purpose of this memorandum of understanding is to emphasize that any medical information which is covered by confidentiality requirements pursuant to any State of Florida or Federal statute or law disclosed to or obtained by the undersigned volunteer from Bell Shoals Baptist Church, or its agents, shall be held in strict confidence and shall not be disclosed to any individual or entity.

Applicant's Signature: _____ Date: _____

This is two page document. Please complete and sign both sides.