

ABC Childcare		ABC Preschool/Children		ABC Youth	
ABC Security		ABC LIFE Group		ABC ANCHOR	

**Confidential Screening Form
For Workers With Preschool, Children or Youth
Bell Shoals Baptist Church Apollo Beach Campus**

James 3:1 states that “Not many of you should presume to be teachers, my brothers, because you know that we who teach will be judged more strictly.” The purpose of this form is to allow various Bell Shoals Baptist Ministries to effectively recruit workers for the many organizations, events, and trips in which we participate, with the understanding that those in leadership will be judged by others and must be above reproach. In order to assure the children’s safety and protect the church from harm, we ask every worker with preschoolers, children, or youth to complete this form.

This form is to be completed by all leaders (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal

1. Date _____ S.S. # _____ DOB _____
 2. Race _____ Circle one: Male Female
 3. Name _____
Last First Middle
 4. Have you been known by any other names (maiden, name changes, etc.)? If yes, please list

 5. Present Address _____ How Long? _____
City _____
State _____ Zip _____
Home phone () _____ Cell phone () _____
Email _____ Occupation _____
 6. If at the above address for less than five years, please list previous address.
Previous Address _____
City _____
State _____ Zip _____
 7. 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)
 8. 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
9. Have you in the past, or are you now involved in pornography in any shape, form or fashion? ___ Yes ___ No
If yes, when? _____
 10. Do you have a current driver’s license? ___Yes ___No
If yes, please list your driver’s license number and State of issue: _____

Church History and Previous Ministry

11. When did you make your profession of faith in Christ? _____
12. When were you baptized? _____
13. Name of church of which you are a member _____
 (Completion of membership class and baptism is required for Bell Shoals membership.)
14. List all previous church work involving preschool, children and/or youth (list each church's name with city and state and type of work performed, and dates):
- | | |
|----------------------|----------------------|
| Church _____ | Church _____ |
| Contact Person _____ | Contact Person _____ |
| City, State _____ | City, State _____ |
| Phone _____ | Phone _____ |
| Fax _____ | Fax _____ |
| Type of Work _____ | Type of Work _____ |
15. List all previous non-church work involving preschool, children and/or youth (list each organization's name and address, type of work performed, and dates)
- | | |
|----------------------|----------------------|
| Organization _____ | Organization _____ |
| Contact Person _____ | Contact Person _____ |
| City, State _____ | City, State _____ |
| Phone _____ | Phone _____ |
| Fax _____ | Fax _____ |
| Type of Work _____ | Type of Work _____ |
16. List any gifts, callings, training, education, or other factors that have prepared you for preschool, children, or youth work _____
17. Personal Reference (not former employers or relatives)
- | | |
|-----------------|-----------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Telephone _____ | Telephone _____ |

The information in this application is correct to the best of my knowledge. I authorize any references or churches furnished previously in this form to give you any information (including opinions) that they may have regarding my character and fitness for work with preschool, children or youth. In consideration of the receipt and evaluation of this form by Bell Shoals Baptist Church Apollo Beach Campus, I hereby release any individual, church, or organization, including record custodians, both collectively and individually, from any and 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. I authorize a representative of Bell Shoals Baptist Church Apollo Beach Campus to do initial and subsequent random criminal background checks and abuse registry checks. I further state that **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.

MEMORANDUM OF UNDERSTANDING REGARDING CONFIDENTIALITY OF CHILD CARE MEDICAL 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 including, but not limited to, sexually transmitted diseases or tuberculosis, disclosed to or obtained by the undersigned volunteer from Bell Shoals Baptist Church Apollo Beach Campus, or its agents, shall be held in strict confidence and shall not be disclosed to any individual or entity.

Applicant's Signature _____ Date _____