

# ***Volunteer Application for Children and Youth Workers***

As a caring congregation that is sensitive to the needs of our families, we feel that it is of the utmost importance to establish certain policies and procedures for all volunteers. This application serves as the start of the process by which you may get involved. We consider our volunteers to be of the utmost importance to the ongoing work of reaching our community for Christ as well as ministering to the needs of our Oak Grove Baptist Church family. It is for that reason that we ask you, the applicant, to adhere to the following guidelines. We desire to fulfill our responsibilities before the Lord Jesus Christ and to all those who enter the doors of our church by making our team of volunteers the most dedicated individuals – individuals who are well-equipped and best-trained. We desire to ensure the safety of our children as well as our volunteers through these policies and procedures. Thank you for considering this ministry as unto the Lord and we want you to know that we as leaders of this church are here to help you accomplish the task that the Lord has placed before us all.

## **I. Ministry Worker Qualifications**

- a. Be a born-again Christian, having followed the Lord in believer's baptism by immersion
- b. Be committed to Oak Grove Baptist Church as your home church agreeing to comply with the policies and procedures of this church body as well as the statements of faith that may be found in the Baptist Faith and Message (2000)
- c. Be 18 years of age or older. Ministry workers who are 18 years old but still involved in OGBC's youth ministry will only be allowed to work with children in conjunction with an approved adult ministry volunteer
- d. Complete the application process and successfully pass all screening requirements
- e. Never been previously convicted, charged, or acquitted of physical or sexual abuse or other sex-related offenses, or have a past history of sexual misconduct
- f. Attend annual training pertaining to child protection procedures/guidelines

## **II. Application Process**

- a. All information is kept in a locked file and will be held in the strictest of confidence. The persons who have access to this application are the ministry supervisor who oversees the application process as well as the appropriate ministerial staff.
- b. Please return your completed application to the ministry supervisor (ie. youth pastor or children's ministry coordinator, senior pastor, etc.).
- c. When completed applications are received from potential volunteers, the ministry supervisor will complete the verification process. All references will be contacted either in-person, by telephone, or by letter.
- d. The ministry supervisor and/or staff member will contact you for an interview



Oak Grove Baptist Church  
Children's & Youth Ministry  
**VOLUNTEER  
APPLICATION**

*"Whatever you do, work at it with all your heart, as working for the Lord, not for men." Colossians 3:23*

**Personal Information**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mr. / Mrs. / Ms. / Miss (Please Circle One)

Gender:  Male  Female

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Previous State of Residence: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated  
 Remarried  Engaged

Name of Current Spouse: \_\_\_\_\_  
Last First Middle Initial

Year Married (current spouse): \_\_\_\_\_

Do you have children?  Yes  No

If yes, please provide your children's names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your spouse and family be supportive of your involvement with Oak Grove Baptist Church and the departments of children/student ministries?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Emergency Information**

Allergies: \_\_\_\_\_

Vital Medications: \_\_\_\_\_

\_\_\_\_\_

Please list a local, emergency contact & phone number:

Emergency Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Are there any conditions (medical/physical) that would prevent you from performing certain types of activities relating to preschool, children, or youth work?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## **Church Activity**

Are you a member of Oak Grove Baptist Church?  Yes  No

If yes, how long have you been a member of OGBC? \_\_\_\_\_

If no, with what church are you currently affiliated and how long have you been a member there? \_\_\_\_\_

List the names and addresses of other churches where you have attended regularly or been a member over the last five years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list in the space below the account of your salvation experience (ie. personal testimony) or attach a copy to this completed application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Volunteer/Ministry Experience**

List responsibilities or positions you currently hold or have held within the church (especially church experience pertaining to preschoolers, children, and youth – identify the church and type of work): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your current and past experiences working with children? (Christian or other extracurricular activities such as Boy Scouts, AWANA, coaching, tutoring, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for ministry to preschool, children, or youth-aged students: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete the following statement – “I would like to serve in this ministry because...”:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever led a person to Christ?  Yes  No

How long do you anticipate being involved with OGBC preschool/children/youth ministries?

4-6 months  6 mos – 1 year  1 – 2 years  More than two (2) years

Have you ever been disciplined by a local church for anything that would hurt this preschool/children/student ministry or tarnish the reputation of Oak Grove Baptist Church?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **References** *(please do not include relatives)*

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

OGBC Sunday School Teacher Name: \_\_\_\_\_

### **Confidential Background Information**

Have you ever been accused of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the above-stated accusation(s) result in your subsequent arrest?  Yes  No

Were you convicted?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received psychiatric care that might compromise your relationship with OGBC or its preschool, children, or youth ministries?  Yes  No

Bearing in mind that your proposed service may involve access to minor children, is there anything in your personal history or experience that indicates you have any problems whatsoever involving sexual attraction to children or any related tendencies that may pose a risk of harm to any children you may encounter during your service?  Yes  No

Have you ever been the subject of a complaint of child abuse or any other type of mistreatment of children?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone ever complained to you, the organization you served with, or to any government agency concerning your care of children?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you engaged in any illegal drug use within the past 10 years?  Yes  No

## **Waiver and Consent**

I understand that by submitting this application, I waive any rights to confidentiality concerning the contents herein. I authorize agents of Oak Grove Baptist Church including staff members to contact the personal references I have identified, and to conduct a reasonable investigation into my suitability for ministry work with the departments of preschool, children and students. By signing this document, I also convey my wholehearted commitment to uphold the OGBC mission to **glorify God, love one another, make disciples, and serve the world**. In addition, I hereby affirm and commit to teaching and abiding by the statements of faith within the Baptist Faith and Message (2000).

(Please Initial One)

I HEREBY CONSENT TO A MANDATORY BACKGROUND CHECK. \_\_\_\_\_ Yes \_\_\_\_\_ No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Ministry Commitment**

I AGREE TO FIND 3 INDIVIDUALS COMMITTED TO PRAY FOR ME AND MY MINISTRY TO THE FAMILIES/CHILDREN AT OGBC. (Please Initial One) \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Name: \_\_\_\_\_

Church: \_\_\_\_\_

2. Name: \_\_\_\_\_

Church: \_\_\_\_\_

3. Name: \_\_\_\_\_

Church: \_\_\_\_\_

# DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION



In connection with my suitability for employment and/or volunteering with Oak Grove Baptist Church (herein "Client"), I understand that prior to or at any time after my employment and/or volunteer role commences a consumer report may be requested for employment/volunteer purposes from Protect My Ministry, Inc. (herein: "Protect My Ministry"), from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state and federal agencies.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, AMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, CHARACTER, GENERAL REPUTATION, MODE OF LIVING, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), OR ANY OTHER INFORMATION REQUESTED BY PROTECT MY MINISTRY DEEMED PERTINENT TO MY EMPLOYMENT AND/OR VOLUNTEER ROLE.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment and/or my volunteer role is denied because of information obtained by my prospective employer or supervisor from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which complies and maintains files on consumers on a nationwide basis; and (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Protect My Ministry's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person, I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Protect My Ministry will provide a written explanation of any coded information contained in my file. I understand that Protect My Ministry is a Consumer Reporting Agency and it is Protect My Ministry's policy to not be involved in or make hiring decisions or recommendation.

Protect My Ministry's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them, their employees and congregation. Protect My Ministry does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

## The following must be filled out completely and signed for your application to be considered (PLEASE PRINT)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER or STATE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

For ID purposes please provide FULL DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please List Other Names Used: \_\_\_\_\_

\_\_\_\_\_  
TODAY'S DATE \_\_\_\_\_

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

### CONSUMER REPORT AGENCY CONTACT INFORMATION:

Protect My Ministry ~ 14499 Dale Mabry Hwy., Ste 201 South ~ Tampa, FL33618 ~ Phone: 800-319-5581 ~ Fax: 800-319-5582