

St. Paul Missionary Baptist Church
Rev. Shawn L. Buckhanan, Sr. Pastor
227 N. Carmichael ~ Sierra Vista, AZ 85635 ~ 520-458-5809

Confidential Volunteer Application Form*

This application is to be completed by all applicants for any position involving the supervision or custody of minors.
It will help our church family provide a safe and secure environment for children.

Last Name _____ **First Name** _____ **MI** _____ **Suffix** _____

Social Security # _____ **Address** _____

City _____ **State** _____ **Zip** _____ **Date** _____

Email _____ **Marital Status** _____

Home # () _____ **Cell # ()** _____ **Work # ()** _____

Occupation _____

Do you have a current driver's license? Yes () No () License number _____ **State** _____

Personal

Were you a victim of abuse or molestation while a minor? Yes () No ()

***If you prefer, you may refuse to answer this question.

***You may discuss your answer in confidence with one of the ministers rather than answering on this form.

***Answering "yes" or leaving the question unanswered will not automatically disqualify you.

Church

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

When were you baptized _____ **List any gifts, callings, training, education or other factors that have prepared you for teaching** _____

Are you a member of this church? Yes () No () If yes, how long have you been a member? _____

1. If no, list your church membership contact information in the first church selection on the following page.
2. Please list other churches you have attended regularly during the past five years.
3. Include the type of work involving children that you performed.

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Church History

1. Church (Membership) Name _____

Church Address _____ Phone # () _____

City/State/ZIP Code _____

Type of work involving children _____ Dates of Service _____

2. Church Name _____

Church Address _____ Phone # () _____

City/State/Zip Code _____

Type of work involving children _____ Dates of Service _____

Church Name _____

Church Address _____ Phone # () _____

City/State/Zip Code _____

Type of work involving children _____ Dates of Service _____

References (Three Personal, NOT former employers or relatives)

Name	Address	City/State/Zip Code	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all previous non-church work involving children. Attach additional sheet if necessary.

Organization	Address	City/State/Zip Code	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Statement (Please read and initials each statement)

_____ The information contained in this application is correct to the best of my knowledge.

_____ I authorize references or churches listed in this application to provide information (including opinions) They may have regarding my character and fitness for working with children.

_____ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.

_____ I waive any right I may have to inspect references provided on my behalf.

_____ Should my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

_____ I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act. This is a legally binding agreement which I have read and understood.

Applicant's Signature _____ Date _____

Witness _____ Date _____