

Reviewed by: _____
(please print)

Camelback Bible Church
Children's/Youth Volunteer Staff Application
(revised 10-3-12)

Date: _____

***PLEASE NOTE: Applications and Reference Forms will be reviewed by the appropriate Ministry Director. Background checks are reviewed by the Children's Pastor or Youth Pastor ONLY.**

Ministry Applying for (please circle all that apply)

Nursery Sunday Morning Discipleship Children's Church LOGOS Excel (Youth)

General Information

First Name: _____ Last Name: _____

Preferred Name (what you like to be called): _____

Title (circle preferred): Mr. Mrs. Ms. Miss Dr. other _____

Address: _____

City: _____, AZ Zip Code: _____

Phone 1: _____ (circle type) Landline Cell Work

Phone 2: _____ (circle type) Landline Cell Work

Best time to reach you by phone: _____ e-mail: _____

Employer: _____ Occupation: _____

Marital Status: _____ If married, is your spouse supportive of your involvement? _____

Date of Birth: _____ Anniversary Date: _____ Age: _____

Gender: _____

Church-Related Information

How long attended CBC? _____ How long a member of CBC? _____

Previous ministries involved in (please list position as well):

1. _____
2. _____
3. _____

What other churches have you attended in the past 5 years? (Please include phone numbers)

Describe any leadership or teacher training you've had:

Personal Information

Have you trusted Christ as Lord and Savior? _____

Please describe: _____

Why would you like to be involved in a Children's / Youth Ministry? _____

The questions below are part of our screening process that is helpful in enabling us to provide a safe and secure environment for our children. They will also be useful in helping us get to know you as we seek to minister to you and to discern God's will for your placement. All information is held in strictest confidence by the CBC pastors/ministry coordinator. Answering yes to any of the questions does not necessarily preclude your involvement at CBC. We believe God is in the business of renewing lives. Thank you for your honesty and for your interest in working with children / youth.

- 1. Have you ever been suspected, accused, or investigated, whether wrongfully or not, of any abuse or sexually related crimes?
Yes No Let's talk
- 2. Have you ever been indicted or convicted of any abuse or sexually related crimes?
Yes No Let's talk
- 3. Have you ever abused or molested a minor in any way, regardless of whether there was any criminal investigation or conviction?
Yes No Let's talk
- 4. Have you ever been arrested for a criminal offense (i.e., DUI, etc.), excluding minor traffic violations?
Yes No Let's talk

*As those entrusted with the care of our children and as shepherds called to care for you as well, we ask that you would prayerfully consider if there are any issues in your life that may affect your suitability for ministry with children or youth. **For example:** struggles with drugs or alcohol, having been the victim of physical or sexual abuse, struggles with pornography and sexual immorality, current involvement in counseling for these or similar issues, etc. Issues like these are of an extremely sensitive nature but based on our current understanding, they can be cause for concern **in some cases** and could affect your suitability for ministry with children or youth.*

- 5. In light of the above, do you believe there is anything past or present that could call into question your Christian witness and/or hinder your ministering to our children with a clear conscience?
Yes No Let's talk

In a desire to minister to you, if you marked "yes" or "Let's talk" to any of the above questions, your interview will be conducted by a pastor or elder. Further clarification may be asked of you at that time.

I, _____, certify that the statements above are true and complete. I realize that any misrepresentation or omissions may be grounds for rejection of this application or dismissal from any position I might hold. I also realize that by signing this form I authorize Camelback Bible Church and its leadership to contact any organization or individuals listed on this application form or mentioned in the interview process.

_____ / _____ (Signature/Date)

CONSENT TO PERFORM BACKGROUND CHECK (FCRA COMPLIANT)

Date: _____

Full Name (Last Name/Full Middle Name/First Name)		
Other Names Used (Maiden, AKA names, etc.)		
Date of Birth		
Current Residential Address		
City	State	Zip

Please list all cities/counties/states lived in during the past seven years.

City/Town	County	State	From	To

I, _____, am an applicant for employment or a volunteer position with Camelback Bible Church (CBC). I understand that as a condition of my consideration for employment or volunteering with CBC, or as a condition for my continued employment or volunteering, CBC may obtain a consumer report and/or investigative consumer report that includes, but is not limited to: social security number verification; criminal and civil court records, and/or any other information bearing on my character, general reputation, personal characteristics, and trustworthiness.

I do hereby consent to CBC's use of any information provided during the application process in performing the background check. CBC has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment or a volunteer position. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established at the sole discretion of CBC. Under the Fair Credit Reporting Act (FCRA), I have been advised that upon request I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance, and source of all information.

Signed this _____ day of _____, 20____

Applicant (print name) _____

Applicant Signature _____

Please note: once background check is completed this portion of application will be shredded.

↓ To be shredded
↓ To be shredded
↓ To be shredded

Social Security Number: _____

____ Check here if you prefer to give your Social Security # directly to the Children's Ministry Assistant, Gina Collins, over the phone, rather than writing it down. She will give you a call.

Best # for Gina to reach you: _____

Child SAFE Class

This class is required for any volunteers who work with children or youth under 18 at CBC. Volunteers are responsible, by law, to report certain things observed while working with the children or youth. This class teaches volunteer staff their legal and ethical responsibilities towards the young people in their care.

The Child SAFE Class is generally offered twice a year, in September and February.

Please fill out the information below.

_____ I have completed the Child SAFE Class Date class taken: _____

_____ I have NOT yet taken the Child SAFE Class but have read the SAFE Youth/Child Protection Policy and am returning the application forms. I will take the Child SAFE Class when next offered.

Print Name

Signature

Date

Applicant Name: _____

Ministry: _____

CAMELBACK BIBLE CHURCH
List of References

***COMPLETE ADDRESSES REQUIRED. THANK YOU.**

Reference #1	
Name	
Address	
City, State, Zip	
How Long Known	
Relationship to Applicant	
Reference #2	
Name	
Address	
City, State, Zip	
How Long Known	
Relationship to Applicant	
Reference #3	
Name	
Address	
City, State, Zip	
How Long Known	
Relationship to Applicant	
Reference #4	
CBC Pastor/Elder/Leader Name	

_____ I have notified each reference listed and asked that they fill out and return the reference form once they receive it by the due date listed.

CAMELBACK BIBLE CHURCH
Authorization for Release of Information

Camelback Bible Church
3900 E. Stanford Drive
Paradise Valley, AZ 85253

I hereby authorize:

Name of Reference

to release to CBC any information which may be of value in determining suitability for involvement with the Youth/Children's Ministry at CBC.

I hereby authorize:

Name of Reference

to release to CBC any information which may be of value in determining suitability for involvement with the Youth/Children's Ministry at CBC.

I hereby authorize:

Name of Reference

to release to CBC any information which may be of value in determining suitability for involvement with the Youth/Children's Ministry at CBC.

I hereby authorize:

Name of Reference

to release to CBC any information which may be of value in determining suitability for involvement with the Youth/Children's Ministry at CBC.

I understand that release of this information may be controlled by Federal and Arizona laws, including Public Health Service Act 42USC 290EE-3, and I hereby waive all provisions of law and privilege relating to the disclosures hereby authorized. This authorization shall expire after 12 months from date of signing.

Print Name: _____

Signature: _____ Date: _____