

Reviewed by: \_\_\_\_\_  
(please print)

**Camelback Bible Church**  
**Children's/Youth Volunteer Staff Application**  
(revised 7/13/2016)

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

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

**Ministry Applying for (please circle all that apply)**

Nursery      Sunday Morning Discipleship      LOGOS      Camelback Youth      Children's Music

**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:

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**Personal Information**

Have you trusted Christ as Lord and Savior? \_\_\_\_\_

Please describe: \_\_\_\_\_

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

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*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.**

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↓ 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 & Youth 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 Online Class

For your protection, we require that all volunteers who work with children or youth under the age of 18 at CBC view the Child SAFE Class. As a volunteer who works with children/youth, it is your responsibility to be aware of the Arizona laws pertaining to those in your care. In addition, it is for your safety and benefit to be knowledgeable of our state's reporting requirements.

We have made the Child SAFE class available online so it can be viewed at any time to expedite the application process. Please visit this link [vimeo.com/140246703](https://vimeo.com/140246703) to download and watch the video in its entirety. Once you've completed the class, complete and email this form to [gcollins@camelbackbible.com](mailto:gcollins@camelbackbible.com) so a note can be made in your file. The Child SAFE guidelines, PowerPoint presentation and video notes can be found here [camelbackkids.com/wp/volunteer-corner/teacher-resources/](https://camelbackkids.com/wp/volunteer-corner/teacher-resources/).

*Please fill out the information below and email it to [gcollins@camelbackbible.com](mailto:gcollins@camelbackbible.com).*

\_\_\_\_\_ 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.

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Print Name

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Signature

Date

Applicant Name: \_\_\_\_\_

Ministry: \_\_\_\_\_

**CAMELBACK BIBLE CHURCH**  
**List of References**

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

<b>Reference #1</b>	
Name	
Address	
City, State, Zip	
How Long Known	
Relationship to Applicant	
<b>Reference #2</b>	
Name	
Address	
City, State, Zip	
How Long Known	
Relationship to Applicant	
<b>Reference #3</b>	
Name	
Address	
City, State, Zip	
How Long Known	
Relationship to Applicant	
<b>Reference #4</b>	
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 Children's/Youth 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 Children's/Youth 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 Children's/Youth 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 Children's/Youth 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: \_\_\_\_\_