

Faith Bible Church, 8130 East Kemper Road, Cincinnati, OH 45249

(513) 489-1114 voice (513) 489-2669 fax info@fbccincy.org

**APPLICATION for Working or Assisting with Children, Youth,
and/or People with Special Needs**

CONFIDENTIAL

2 November 2015

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If needed to answer questions or provide information, please use additional pages.

GENERAL INFORMATION

Full Name Printed: _____

Maiden Name or Other Names Used: _____

Parents' Names (for applicants under age 18): _____

Current Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Other Phone: () _____

Email address: _____

Are you age 18 or older? _____ Yes _____ No

How long have you participated with Faith Bible Church? _____

Briefly describe your participation with Faith Bible Church: _____

Briefly describe how you became a Christian: _____

For what ministry or ministries are you applying? _____

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Briefly describe WHY you are applying: _____

Briefly describe your qualities and interests that would help you in this work: _____

Have you worked in any capacity or in any ministry with children, youth, and/or developmentally disabled/delayed persons? _____ Yes _____ No

If yes, please briefly describe who, what, when, and where: _____

Other than a minor traffic violation ...

Have you ever been convicted of, pled guilty to, or pled no contest to a crime?

_____ Yes _____ No

If yes, please attach an explanation.

Are you now under charges for any criminal offense? _____ Yes _____ No

If yes, please attach an explanation.

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PERSONAL REFERENCES

Please list three personal references other than your relatives,
including at least one who has been active in FBC for at least one year.

PERSONAL REFERENCE ONE Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: () _____ Other Phone: () _____

Email address: _____

Your relationship to this person: _____

PERSONAL REFERENCE TWO Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: () _____ Other Phone: () _____

Email address: _____

Your relationship to this person: _____

PERSONAL REFERENCE THREE Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: () _____ Other Phone: () _____

Email address: _____

Your relationship to this person: _____

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INSTITUTIONAL REFERENCES

Please list a reference for EACH organization in which you had work or ministry contact with minors, junior- or senior-high-age people, or developmentally disabled/delayed people within the past five years.

INSTITUTIONAL REFERENCE ONE Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: () _____ Other Phone: () _____

Email address: _____

Your relationship to this person: _____

INSTITUTIONAL REFERENCE TWO Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: () _____ Other Phone: () _____

Email address: _____

Your relationship to this person: _____

INSTITUTIONAL REFERENCE THREE Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: () _____ Other Phone: () _____

Email address: _____

Your relationship to this person: _____

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AUTHORIZATION AND RELEASE OF LIABILITY

I affirm that the information given above is true and correct to the best of my knowledge, and that I furnished the information voluntarily to Faith Bible Church.

I authorize all references and their representatives to give to Faith Bible Church any information (including opinions) regarding my service, fitness for service, and character. I hereby release all references, their representatives, and any individual or organization both individually or collectively whether or not identified in this Application from all liability for damages of whatever kind which may at any time be incurred by me or my family or my heirs on account of complying with or attempting to comply with this Authorization, except only for the communication of knowingly false information.

I have carefully read this Authorization and Release of Liability and agree to it of my own free will. I understand that this is a legally binding Release and that a photocopy of this Authorization and Release of Liability is as valid as the original. I understand that I may consult an attorney before signing this Application.

I (*please check one of the following two options*)

_____ Waive

_____ Do not waive

any right that I may have to inspect the information provided about me by my references and their representatives.

I have read and understand the above provisions and agree to them.

Signature

Date

Full Name Printed