

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

**CONFIDENTIAL**

November 2020

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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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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 no less than four (4) references including at least one (1) who has been active in FBC for at least one year. If possible, please include at least one (1) reference from an organization in which you had work or ministry contact with minors, or developmentally disabled/delayed people within the past five years. No more than one (1) reference can be a relative by birth/adoption or marriage.

**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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**PERSONAL REFERENCE FOUR** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_

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

Your relationship to this person: \_\_\_\_\_

**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