

Application for Children's\Youth Work for STANCHFIELD BAPTIST CHURCH

This confidential application is to be completed by all applicants for any position (Volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

NAME _____ Phone Number _____

ADDRESS _____

(Identity must be confirmed with a state drivers license or other photographic identification.)

How long have you attended our church? _____ Are you a member of our church? _____ Yes _____ No

If not, Name of church of which you are a member _____

List (Name and address) of other churches you have attended regularly during the past five years:

1. _____

2. _____

3. _____

List all previous church work involving youth (identify church and type of work):

List all other previous church work:

List any gifts, callings, training, education, or other factors that have prepared you for child/youth work:

Have you ever been charged in a court of law for child abuse or a crime involving actual or attempted sexual molestation? _____ Yes _____ No

If "Yes", please explain (attach a separate page, if necessary):

Is there anything from your past that would disqualify you from working with children in our church? _____ Yes _____ No
If "Yes", please explain (attach a separate page, if necessary):

PERSONAL REFERENCES
(No relatives please)

NAME _____ Phone Number _____

ADDRESS _____

NAME _____ Phone Number _____

ADDRESS _____

NAME _____ Phone Number _____

ADDRESS _____

NAME _____ Phone Number _____

ADDRESS _____

APPLICANT'S STATEMENT

The information I have given in this application is correct and complete to the best of my knowledge. I agree that false information or significant omissions may disqualify me from further consideration for service and may be considered justification for dismissal if discovered at a later date.

I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for child/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. I also agree to provide Stanchfield Baptist Church with a notarized copy of the attached Criminal Background Check Application.

Should my application be accepted, I agree to be bound by the Bylaws (or Constitution) and policies of Stanchfield Baptist Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Signature

DATE ____/____/____

Stanchfield Baptist Church
38850 Midway St. NE, P.O. Box 10, Stanchfield, MN 55080
Phone: 320-396-3391 email: stanchfieldbaptist@gmail.com

VOLUNTEER GUIDELINES

Stanchfield Baptist Church is committed to provide an environment safe from any type of abuse for all who participate in its ministries. In keeping with this commitment, the following guidelines have been established.

1. Persons who have been convicted of either sexual or physical abuse should not volunteer service in any church sponsored activity or program for children, youth or vulnerable adults.
2. Persons who have been charged with either sexual or physical abuse should consult with a pastor before volunteering for youth work.
3. All volunteers working with children, youth, or vulnerable adults agree to a background check.
4. Volunteers/staff should observe the "two adults/open door" rule which requires an adult working with children or youth or vulnerable adults to be accompanied by an adult partner or to provide visual access to the room.
5. Volunteers/staff must immediately report suspected or inappropriate behaviors to a supervisor or a pastor.

Have you ever been charged or convicted of child abuse or any crime involving actual or attempted sexual molestation?

_____ Yes _____ No

If "Yes" please explain or consult with an SBC Pastor.

PLEASE PRINT THE FOLLOWING INFORMATION

Full Name: last _____ first _____ middle _____

Address: _____

Phone: _____

By signing below I agree to abide by the above guidelines.

Signature _____ Date: _____



**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER
REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: _____ Middle Name: _____ Last Name: _____

Maiden or Former Last Name (s): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____

City, State, Zip Code: _____

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, Stanchfield Baptist Church will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you in conjunction with a criminal history check pursuant to Minnesota Statutes §299C.62

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to *Stanchfield Baptist Church* any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the *Stanchfield Baptist Church* from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

Return completed form to: MN BCA, MNJIS - CHA Unit, 1430 Maryland Ave. E. St. Paul, MN 55106.
