



By His Grace, For His Glory.
FIRST BAPTIST CHURCH MATTHEWS, NC

First Baptist Church of Matthews Volunteer Screening Form

This screening form is to be completed in its entirety by all volunteer workers and leaders involved in the supervision or care of minors eighteen years or younger or vulnerable adults here at First Baptist Church of Matthews. This information will be used to help the church provide a safe and secure environment for those children and youth who participate in our ministries. All information will be kept in a confidential file in the office of the Minister of Administration.

First Baptist Church of Matthews

Primary Volunteer Screening Form

This screening form is to be completed in its entirety by all volunteer workers and leaders involved in the supervision or care of minors eighteen years or younger or vulnerable adults here at First Baptist Church of Matthews. This information will be used to help the church provide a safe and secure environment for those children and youth who participate in our ministries. All information will be kept in a confidential file in the office of the Minister of Administration.

PERSONAL INFORMATION

Full Name: _____

(include maiden and previous names)

Address: _____

(include street address, city, state and zip code)

Home Phone Number: _____ Work or cell phone number _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

Have you at any time:

- Been convicted of, or pleaded no contest to any crime (other than minor traffic infractions)?

_____ (If yes, please explain _____)

- Engaged in, or been accused of, any child molestation, exploitation or abuse? _____

- Accused or convicted of a crime involving any form of child abuse? _____

- Been the victim of childhood sexual abuse? _____

MINISTRY INFORMATION

How long have you lived in North Carolina? _____ How long have you been a member or actively attended FBCM? _____

List the cities in which you have lived within the last seven years. _____

_____ List the churches in those cities where you have been actively involved. _____

In which ministries of the church are you currently involved or are seeking to become involved?

What skills, gifts and abilities do you bring to the ministry program with which you volunteer?

What other volunteer experience do you have? Please list:

Organization	Position of responsibility	Dates	Contact person	Phone
--------------	----------------------------	-------	----------------	-------

Do you have a personal relationship with Jesus Christ? _____

Briefly describe how and when you became a Christian. _____

PERSONAL REFERENCES

(Do not include relatives)

Name	Relationship	Address	Phone number
------	--------------	---------	--------------

PERMISSION FOR REFERENCE AND CRIMINAL BACKGROUND CHECKS

- I am aware that this church is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all the information that I have provided is absolutely true and correct.
- I authorize the church to contact any person or entity listed in the application, and further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background and qualifications.
- I voluntarily release the church and all persons from any liability involving the communication of information regarding my background or qualifications. I further authorize the church to conduct a criminal background investigation if such a check is required.
- I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children, youth, vulnerable adults and other members or participants at all time.

Printed Name: _____

Signature: _____