

**CHILD PROTECTION FIRST!**  
***Child Abuse Protection Policy***  
**For**  
**First Baptist Church of Jackson**

**CONFIDENTIAL VOLUNTEER AND EMPLOYEE APPLICATION**

**First Baptist Church requires completion of this application by every person who desires to volunteer for any position involving the supervision or care of preschoolers, children and/or students under the age of 18 for all activities in the church facilities or church sponsored events. All employees of First Baptist Church are required to complete this application. We believe that God has called us to provide a safe environment that allows for spiritual growth for all of our children.**

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

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

On what date would you be available to begin? \_\_\_\_\_

Would you be available for periodic volunteer training sessions? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Addresses: Please list addresses for the past 10 years. (Attach extra page if more space is needed.)**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**What year and in what church (and city) was your profession of faith in Christ?**

\_\_\_\_\_

**List any spiritual gifts, talents, callings, training, education, or other factors that have prepared you for teaching minors:** \_\_\_\_\_

\_\_\_\_\_

**Personal References (People not related to you by blood or marriage.)**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship To You: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship To You: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship To You: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**List ALL churches you have previously attended. Include ALL work involving minors.  
(Attach separate sheet of paper for additional information.)**

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**List ALL non-church employment and volunteer work involving minors.**

Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Do you have a valid driver’s license? Yes \_\_\_ No \_\_\_ Have your driving privileges ever been suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been charged with, convicted of, or pleaded guilty to a crime, either a misdemeanor or felony, including but not limited to crimes involving minors, child molestation, crimes involving pornography, sexual or physical abuse, and drug related charges, other crimes of violence, theft or motor vehicle violations? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been shown by credible evidence (Court Order, Jury, or other reliable evidence) to have abused, neglected, or deprived a child or to have caused serious injury to another person as a result of your intentional or grossly negligent misconduct? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Are you currently engaged in the illegal use of drugs? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

Were you a victim of abuse or molestation as a minor or as an adult? Yes \_\_\_ No \_\_\_  
You may decline to answer this question or you may discuss your answer in confidence with one of the ministers rather than answering on this form. Answering yes or leaving the question unanswered will not automatically disqualify you.

**Dispute Resolution Agreement**

First Baptist Church believes that the Bible commands Christians to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (Matthew 18:15-17; I Corinthians 6:1-8). Therefore, any dispute arising from or related to allegations by or against workers, employees, volunteers, church members or their families, will be submitted to the Executive Pastor and/or the Deacon Body for biblically based conciliation. We want to resolve issues in a fair manner while seeking to preserve or restore relationships fractured by the dispute and allowing the Church to continue its ministry to all people.

**Applicant’s Statement and Agreement**

The information contained in this application is correct to the best of my knowledge. I understand that any false statement or omission of information would be grounds for denial or termination of employment or volunteer service. Should my application be accepted, I agree to be bound by First Baptist Church Child Protection First! policies and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I accept the above Dispute Resolution Agreement. I authorize the church to supply my employment record in whole or in part, and in confidence, to any prospective future employer or third party, with a legal and proper interest.

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant’s Name Printed**

**“Let the little children come to me, and do not stop them; for it is to such as these that the Kingdom of heaven belongs.” Matthew 19:14**

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**Consent to Release of Confidential Information**

Having made application to work with minors at First Baptist Church of Jackson and desiring the church to be informed as to my past record and character, I authorize any persons, references, employers, churches, or organizations with whom I have had any contact to release to First Baptist Church any information (including opinions) they may have regarding my record, character, and fitness for work with minors. **I also authorize First Baptist Church, at its discretion, to contact any law enforcement or social services agency to determine whether I have ever been charged, plead guilty or convicted of a crime, and I authorize such agencies to release such information to First Baptist Church. I consent to providing my fingerprints for such a criminal check if requested by First Baptist Church.** I fully release First Baptist Church, its agents, and all persons, organizations, and agencies from any right or claim of confidentiality and from all claims, actions, or causes of action, which may arise as a consequence of exchanging such information.

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Signature Date

**Statement from Law Enforcement**

\_\_\_\_\_ I have checked our records regarding the person named above and have found no indication that this person has ever been charged, arrested, or convicted of a crime, including neglect, physical abuse, sexual abuse, assault, or any other acts of violence.

\_\_\_\_\_ I have found some problems with this person's record; please call me for more information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return form to CHILD PROTECTION FIRST!  
First Baptist Church P. O. Box 250 Jackson, MS 39205 (601) 949-1900

**A PHOTOCOPY OF THIS AUTHORIZATION SHALL HAVE THE SAME EFFECT AS THE ORIGINAL.**