



FIRST MOUNT ZION BAPTIST CHURCH (FMZBC)
APPLICATION FOR YOUTH VOLUNTEER/COMPENSATED WORKER
(CONFIDENTIAL)

Thank you for volunteering your services at FMZBC. We appreciate any service you can provide to our church. This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or care of minors. It is being used to help the church provide a safe and secure environment for children and youth who participate in our ministries. Ministries activities may take place at the church itself, in private homes, and in some instances, may include travel. **This application is for First Mount Zion Baptist Church members only.**

Volunteers must be a member of FMZBC for at least six (6) months. All volunteers will be subject to a criminal background check. All volunteers work with children within visual proximity of another adult at all times. **The only exception is in a crisis situation where it is absolutely necessary for the volunteer to perform the function of a counselor.** Under these circumstances that volunteer must notify a teacher of the particular church ministry for the need to conduct a counseling session. The ministry teacher will maintain a record of the session, which will include the names of the volunteer, the child, date and time of counseling.

PERSONAL INFORMATION

Date of Application _____

Name _____ Spouse's Name _____
Current Address (length of time) _____ City _____ State ___ Zip ___
Previous Address (length of time) _____ City _____ State ___ Zip ___
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

Employment History

Current Employer _____ Supervisor _____
Address _____ City _____ State ___ Zip ___
Start Date _____

Previous Employer _____ Supervisor _____
Address _____ City _____ State ___ Zip ___
Start Date _____ End Date _____
Reason for Leaving _____

Church History

List the names of churches you have attended during the past 5 years.
(Names, Addresses and Dates)

List all previous church work involving youth (List Church, Addresses and Dates)

How long have you been a member of FMZBC? _____ (You must be a member
of FMZBC at least 6 months prior to working in a youth-related ministry)

Have you accepted Jesus Christ as your Lord and Savior? Yes No

Why have you chosen to work with children at FMZBC?

Have you ever been arrested for a crime, felony or misdemeanor? Yes No
If yes, please explain.

Have you ever been convicted of a crime, felony or misdemeanor? Yes No
If yes, please explain.

Do you have a history of moving traffic violations (Drivers Especially)? Yes No
If yes, please explain.

Have you ever been accused, charged, or alleged to have committed any act of sexual harassment, neglect, abuse or molestation? Yes No
If yes, explain in detail. Provide the date and place of the incident(s).

Have there ever been concerns that you may have an addiction to drugs and/or alcohol?
 Yes No
If yes, please explain.

Are there circumstances or patterns in your life that would make you an inappropriate candidate to work with minors at FMZBC? Yes No
If yes, please explain

Have you ever been sexually abused? Yes No (Please answer the question, but feel free to discuss privately with the Pastor or Assistant Pastor)

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References

List three (3) people who have known you for at least one year and have a definite knowledge of your character. (Note: No family members)

Name _____ Address _____
Home/Cell Phone _____ Work Phone _____

Name _____ Address _____
Home/Cell Phone _____ Work Phone _____

Name _____ Address _____
Home/Cell Phone _____ Work Phone _____

APPLICANT'S AFFIRMATION AND AUTHORIZATION

- A. **AUTHORIZATION AND RELEASE.** I, the undersigned applicant hereby affirms that the information contained in the First Mount Zion Baptist Church Application for Youth Volunteer/Youth Compensated Worker is correct to the best of my knowledge. I authorize any references, including organizations, identified in this application to give information and opinions regarding my character and fitness to volunteer at First Mount

Zion Baptist Church. I hereby release any individual, church, denominational agency or official, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, for attempted compliance or actual compliance with this authorization, excepting only the communication of knowingly false information. I understand that I have the right to consult with an attorney prior to signing this Affirmation and Authorization. I also understand that a criminal record check may be conducted on me and hereby consent to same.

- B. RIGHT TO INSPECT. I hereby ____waive, or ____do not waive (check one) my right to inspect any information provided about me by any person or organization described above.
- C. VOLUNTARY ACT. *I have read and understood the provisions above and agree to be bound by them. I hereby sign this Affirmation and Authorization as my own voluntary act and am not acting as a result of duress or undue influence.*

Dated: _____
Signature of Applicant

Printed or typed name of Applicant

City/County of _____
Commonwealth of Virginia, to-wit:

The foregoing Applicant's Affirmation and Authorization was subscribed and sworn before me this ____ day of _____, _____, by _____
(Name of applicant inserted here)

Notary Public (SEAL)

My commission expires: _____