



YOUNG AMBASSADORS FOR CHRIST COUNSELOR SCREENING FORM

Thank you for your willingness to serve as a counselor at a Young Ambassador Camp, sponsored by Solid Rock Baptist Church. Because each and every volunteer participant has the potential to impact children for good or for evil, we must ensure that all those participating maintain a Biblical standard of Godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God has entrusted to us.

Please fill out the screening form completely, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to the form.

Completed forms must be faxed in by June 4th. Our fax number: 609-257-0404.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME
SOCIAL SECURITY NUMBER			DATE OF BIRTH	
IF YOU HAVE EVER USED OTHER NAMES, SUCH AS MARRIED OR MAIDEN NAMES, PLEASE PROVIDE THE NAMES AND DATES OF USE.	NAME		DATE	
	NAME		DATE	
ARE YOU OVER THE AGE OF 18? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO				
PRESENT ADDRESS			CITY	
STATE	ZIP CODE	PHONE NUMBER		

SPIRITUAL QUALIFICATIONS

WHAT CHURCH ARE YOU CURRENTLY ATTENDING?

IN A BRIEF PARAGRAPH, PLEASE DESCRIBE YOUR SALVATION EXPERIENCE

EDUCATION/PROFESSIONAL QUALIFICATIONS

FIRST AID TRAINING (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE COMPLETED
CPR TRAINING (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE COMPLETED

BACKGROUND INFORMATION

1. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO COMMITTING A CRIME INVOLVING THE ABUSE OR ENDANGERMENT OF CHILDREN?

YES NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, WE REGRET TO INFORM YOU THAT YOU ARE NOT ELIGIBLE TO SERVE IN OUR CHILDREN'S MINISTRY

2. HAVE YOU EVER BEEN OR ARE YOU CURRENTLY CHARGED WITH COMMITTING A CRIME INVOLVING THE ABUSE OR ENDANGERMENT OF CHILDREN?

IF YOU ANSWERED "YES," PLEASE EXPLAIN

YES NO

3. HAVE YOU EVER BEEN OR ARE YOU CURRENTLY BEING INVESTIGATED BY A GOVERNMENTAL AGENCY FOR THE ABUSE OR ENDANGERMENT OF CHILDREN?

IF YOU ANSWERED "YES," PLEASE EXPLAIN

YES NO

4. HAVE YOU EVER BEEN SUED FOR NEGLIGENCE WITH REGARD TO CARING FOR OR SUPERVISING CHILDREN?

IF YOU ANSWERED "YES," PLEASE EXPLAIN

YES NO

I hereby certify that the information I have provided on this application is true and complete. I authorize Solid Rock Baptist Church to verify the information I have provided on this application by contacting the references, and church I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentially.

In consideration of the receipt and evaluation of this application by Solid Rock Baptist Church, I hereby release any individual, church, youth organization, , charity, employer, reference, or organization, including record custodians, both collectively and individually, from any and all liability for damages of compliance or any attempts to comply, with this authorization.

Should my application be accepted, I agree to abide by and be bound by the policies and the moral and spiritual teaching of Young Ambassadors, a group sponsored by Solid Rock Baptist Church, and to refrain from unscriptural conduct in the performance of my duties on behalf of the Young Ambassadors, and Solid Rock Baptist Church, and its ministries.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omission from or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given my position.

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE