

GRAND PARKWAY BAPTIST CHURCH
PRESCHOOL, CHILDREN'S & STUDENT MINISTRIES

Application for Working with Minors

CONFIDENTIAL This application is to be completed by all applicants for paid or volunteer positions involving the supervision, custody or care of minors. This is not an employment form. This form is being used to help Grand Parkway Baptist Church (GPBC) provide a safe and secure environment for children and students who participate in our ministries, programs and events. The information contained in this application will be disclosed only to those who have genuine need to know in order to carry out their responsibilities for/in GPBC to determine your eligibility to work with minors in our church ministries.

Personal Information

Name _____
Last First Middle

Address _____
City TX Zip

How long have you lived at this residence? _____

(If less than 3 years, please provide your

Previous Address: _____
City TX Zip

Home Phone _____

Cell Phone _____

E-Mail _____

Date of birth _____

If married, spouse's name: _____

Children's names and ages: _____

Why do you want to work with children or teens in our church? _____

What do you believe to be your spiritual gifts? _____

Age at Salvation _____ Age Baptized _____ Place _____

Please write a brief testimony of you became a Christian (include date) and significant events in your life that have impacted you spiritually.

Health Problems: ___yes ___no

Do you have any health problems (disabilities, physical limitations, etc.) that might affect your work with children or youth?

Addictions: ___yes ___no

Have you ever had a problem with drugs, alcohol, pornography, or any other addiction, or, has anyone ever suggested that you may have a problem with any of these things?

Arrest Record: ___yes ___no

Have you ever been convicted or pled guilty to a crime, either misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft)?

Child Abuse: ___yes ___no

Have you ever been charged with or convicted of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

___yes ___no

Have you ever been the victim of physical or sexual abuse or neglect? *We recognize the intensity of this personal question and will hold your response in strict confidence. If your response is "yes", you will need to speak privately with one of our ministry leaders or staff.*

Driving:

Have you had any motor vehicle violations or traffic accidents in the past 5 years?

___yes ___no If yes, please explain _____

Are you on any type of driving probation?

___yes ___no If yes, please explain _____

Is there any fact or circumstance involving your background check or references that would call into question your being entrusted with the supervision, guidance, and care of minors?

___yes ___no If yes, please explain _____

Personal References

Please provide three (3) personal references (not employers, not former employers and not relatives).

Name _____

Phone _____ E-mail _____

Address _____

Name _____

Phone _____ E-mail _____

Address _____

Name _____

Phone _____ E-mail _____

Address _____

Employment Information

Current Employer _____ Position _____

Dates _____ Work Phone _____

Supervisor's Name & Phone # _____

Previous Employer _____ Position _____

Dates _____ Work Phone _____

Supervisor's Name & Phone # _____

Previous Employer _____ Position _____

Dates _____ Work Phone _____

Supervisor's Name & Phone # _____

Church Information

Are you a member of Grand Parkway Baptist Church? ___yes ___no

If yes, when did you join? _____

GPBC current areas of service: _____

GPBC past areas of service: _____

Please provide information regarding your previous church membership and involvement for at least the past five (5) years:

Name of Church _____

Dates of Membership _____ Location _____

Why did you leave that church? _____

Area of Service	Name of person who supervised you in that ministry	Phone #
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Name of Church _____

Dates of Membership _____ Location _____

Why did you leave that church? _____

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Name of Church _____

Dates of Membership _____ Location _____

Why did you leave that church? _____

Area of Service _____ Name of person who supervised you in that ministry _____ Phone # _____

Previous Work with Minors

Have you participated in paid or volunteer activities, that were outside the church, involving working with children? ___yes ___no If yes, please provide the details below.

Organization/School/Job _____

Location _____ Dates _____

What type of activity? _____ What role did you fulfill? _____

Name of person who supervised you _____ Phone # _____

Organization/School/Job _____

Location _____ Dates _____

What type of activity? _____ What role did you fulfill? _____

Name of person who supervised you _____ Phone # _____

Organization/School/Job _____

Location _____ Dates _____

What type of activity? _____ What role did you fulfill? _____

Name of person who supervised you _____ Phone # _____

The information contained in this application is correct to the best of my knowledge. I authorize any reference listed in this screening form to give you any information (including opinions) that they may have regarding my character or fitness for working with minors. Should my application be accepted, I agree to be bound to the policies of Grand Parkway Baptist Church.

Signature _____ Date _____