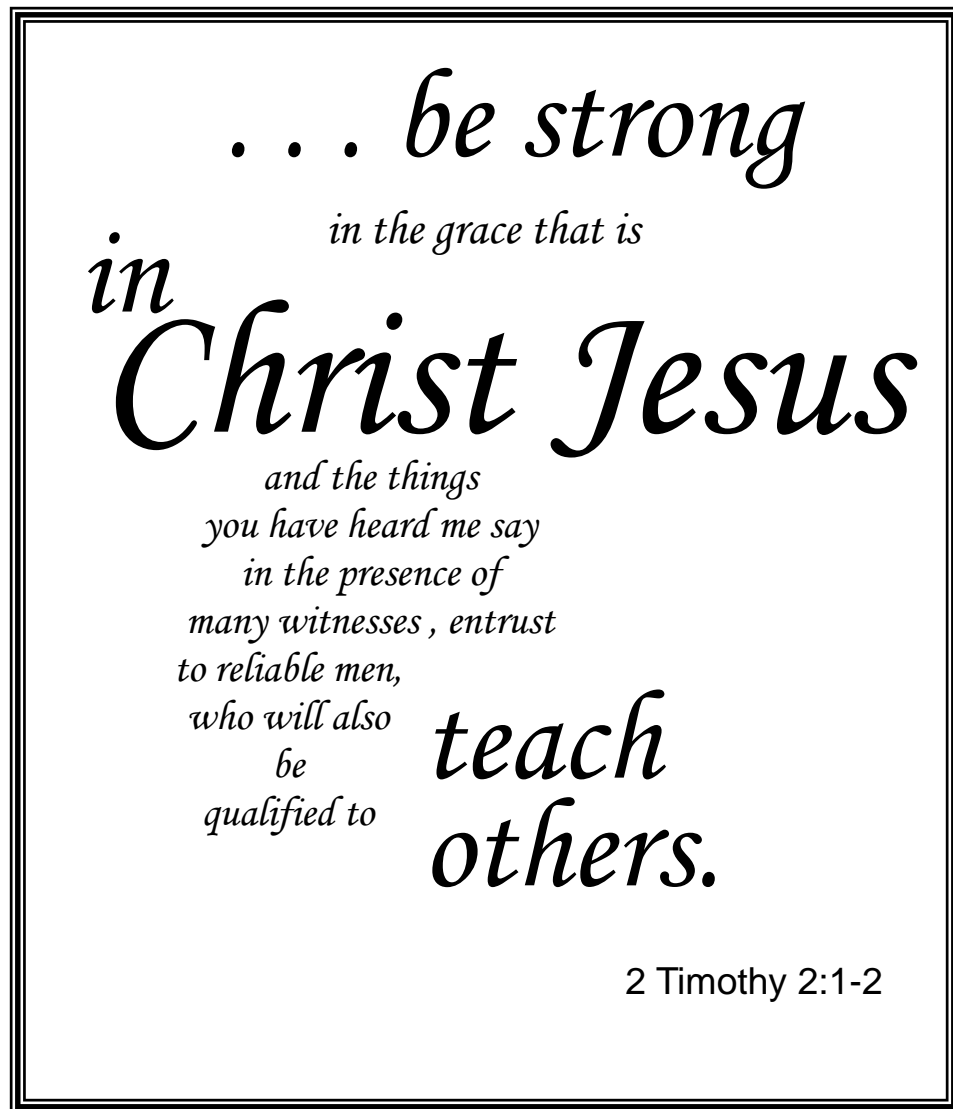


Pumpkinvine Baptist Church

Volunteer and Employee Application



2156 Buchanan Highway—Dallas, Georgia 30157

Pumpkinvine Baptist Church Volunteer & Employee Application

Legally speaking, the church has the RIGHT TO ASK the following questions related to the application and screening process, and the applicant has the RIGHT TO REFUSE to answer any question. These applications for service are strictly confidential. Thank you for your cooperation in this process; we hope you understand the need for this type of screening due to the nature of service in the church.

Name _____ Date _____
Last (Maiden) First Middle

Address _____
Street Number & Name City State Zip

Home Phone _____ Business Phone _____

Driver's License # _____ State _____ Expiration Date _____ CDL? Yes ___ No ___

Social Security # _____ - _____ - _____ Date of Birth _____ Place of Birth _____

1. Position in which to serve: _____

2. On what date would you be available? _____

3. Minimum length of commitment (minimum of one year desired): _____

4. Are you a member of Pumpkinvine Baptist Church, Dallas, Georgia (the "Church")? _____ Yes _____ No
 (Please note that it is standard policy of the church that you are a member for a minimum of 6 months before being considered for any leader/teacher role in the church.)

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

6. List any spiritual gifts, callings, talents, training, education or other factors that have prepared you for Christian service:

7. List cities and states in which you have lived; any denominations or churches of which you have been a member, including addresses; and all previous church service, volunteer or paid, you have provided since you were 17 years of age. Include approximate dates. (Attach a separate page if necessary.)

City/State	Church	Address	Service

8. List all your previous non-church work, volunteer or paid, involving children or teenagers. Include approximate dates, organization's name and address, type of work you performed, name of supervisor and phone number if known. (Attach a separate page, if necessary.)

Dates	Organization	Type of Work	Supervisor's Name	Phone

9. Do you consider yourself a positive role model for children? Yes No

10. Please provide the names and phone numbers of three personal references not related to you.

Name	Home Phone	Work Phone

11. Because the Church cares for our members and desires to protect them, we ask you to please answer the following questions. We understand the following questions are personal, and we will protect your privacy.

a. Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children or adults that might cause a person potential harm? Yes No

b. Have you ever been charged with, indicted for, or pled guilty to a crime? Yes No
If yes, please explain: (Attach a separate page if necessary.)

c. Have you ever been charged with, indicted for, or pled guilty to an action prohibited by the Georgia Criminal Code, or a similar code in any state? Yes No
If yes, please explain: (Attach a separate page if necessary.)

d. Have you ever been known by any other name? Yes No
If yes, please list all other names: (including maiden name)

e. If you were personally a victim of child abuse, we require that you make this information known to the minister under whose leadership you will serve. Admitting you were a victim will not automatically disqualify you from service. Your confidence will be respected and appreciated.

12. If you have a disability or impairment, describe or demonstrate how, with or without reasonable accommodations, you would be able to perform job-related functions.

13. Is there any health-related reason that would keep you from effectively working with children or adults or cause any potential harm to someone. Yes No If yes, please describe.

You may choose to set an appointment with the Minister of Youth, Education and Administration personally rather than provide the information on this form. Your answer will be kept confidential.

The information contained in this application is correct to the best of my knowledge. I authorize the Church to obtain information from references, employers and churches listed herein. I also authorize any references, churches, or other organizations or employers listed in this application to give you any information, including opinions, that they may have regarding my character and fitness for service. In consideration of the receipt and evaluation of this application by the Church, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of the Church, which are adopted from time to time, and to refrain from unscriptural conduct in the performance of my services on behalf of the Church. I have been apprised of, understand and support the Church's position on the concern of child abuse.

I understand that the Church desires to protect its children and therefore give my permission for Church leadership to conduct a criminal background check on me and to maintain my photo ID on file.

I further state that I have carefully read the foregoing release and know the contents thereof, and sign this release as my own free act. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment or acceptance of my service as a volunteer (collectively, the "engagement").

In the event I am engaged, I understand that all employees are subject to termination at the discretion of the Church, and all volunteers are subject to termination at the discretion of the appropriate ministry leader. If, in the event I choose to voluntarily terminate my employment/services, I am free to do so at any time, and if I choose to give proper notice of termination, the Church may either permit me to continue my employment/service during the notice period or may accept my resignation immediately.

I understand that, in the event I am accepted for engagement by the Church, my compensation (if any), hours of service and all other conditions of engagement are subject to modification or change by the Church at the Church's discretion.

I understand that, if engaged, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the Church to supply my employment/service record, in whole or in part, and in confidence, to any prospective or future employer, governmental agency or other party, with a legal and proper interest therein.

I understand that it is a policy of the church that I be a qualified member of the church for a minimum of 6 months before being reviewed for a leader/teaching position in the church, unless special approval granted by the Pastor. During the first 6 months, I am willing to assist or help in any area needed, and I understand that during this time I will not be allowed to teach or be alone with any child(ren) according to these safety procedures and policies.

Applicant's Signature

Date

Criminal Record Check

Consent to Release of Confidential Information

I hereby authorize Pumpkinvine Baptist Church to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I consent to providing my fingerprints for such a criminal record check if requested by Pumpkinvine Baptist Church. I fully release Pumpkinvine 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.

Name _____
First Middle Maiden Last

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Sex ___M ___F Race _____

Social Security # _____ Driver's License # _____

Signature

Date

Witness

Date