

Bethlehem Baptist Union
VOLUNTEER AND EMPLOYEE APPLICATION
(In compliance with Safe Sanctuary Policy)

In order to provide a safe environment that allows for spiritual growth, the Bethlehem Baptist Union requires that every employee and any individual who desires to volunteer with any union-sponsored ministry or activities involving persons under the age of 18 to complete this application.

Full Name: _____ Date: _____

Nickname: _____ Date of Birth: _____ Gender: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone _____

Email address: _____

Current Employer: _____

Education ____ HS ____ BS ____ MS ____ PhD ____ Other: _____

Educational Field of Study: _____

Educational School Attended: _____

Current Occupation: _____ Hours per week _____

List Past 10 years of Work Experiences:

Place of Work _____ Years: _____

Place of Work _____ Years: _____

Place of Work _____ Years: _____

Place of Work _____ Years: _____

Place of Work _____ Years: _____

Place of Work _____ Years: _____

Spouse's Name (if applicable) _____

List children and ages (if applicable): _____

Previous Addresses: Please list addresses for the past 10 years (attach sheet for additional addresses)

Address: _____ City: _____ St: _____ Zip: _____

Address: _____ City: _____ St: _____ Zip: _____

Address: _____ City: _____ St: _____ Zip: _____

Address: _____ City: _____ St: _____ Zip: _____

Address: _____ City: _____ St: _____ Zip: _____

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship: _____

Length of time known: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship: _____

Length of time known: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship: _____

Length of time known: _____

Have you ever been charged, convicted of, or pled guilty to any crime, either a misdemeanor or a felony? _____ No _____ Yes

If yes, please explain fully:

Have you ever been exposed to an incident of child abuse or neglect? _____ Yes _____ No

If yes, please explain fully:

Are you willing to submit to a law enforcement background check? _____ Yes _____ No

Have you received a Covid 19 Vaccination? _____ Yes _____ No.

If not Vaccinated, are you willing to receive a Covid 19 Vaccination? _____ Yes _____ No.

Have you tested positive for Covid19 within the past 14 days? _____ Yes _____ No.

Are you willing to follow the CDC Guidelines established for K-12 Schools (e.g., wearing masks, social distancing, washing of hands, daily temperature screening, etc)?

Yes _____ No _____

The information contained in this document is complete and accurate to the best of my knowledge. I authorize any references listed to give information they have in regard to my character and ability to work with children and/or youth.

Signature

Date

If the applicant is a minor, the minor's parent of guardian must also sign and certify the provided information. I have read the information and agree that the information provided is true and accurate. I know of no reason why the applicant should not be allowed to work with minors.

Signature

Date