

Children / Youth Worker Application
Volunteers and Employees

CONFIDENTIAL

Northcliffe Baptist Church
10515 Northcliffe Blvd.
Spring Hill, Florida 34608

Printed Name (first, middle, last): _____

Maiden Name or any Aliases: _____

Street Address: _____ Phone: _____

City, State, and Zip: _____ County: _____

Date of Birth: _____ Social Security Number: _____

In what children / youth programs do you plan to become involved? _____

Have you at any time ever:

- Been arrested for any reason? _____Yes _____No
- Been convicted of, or pleaded no contest to, any crime? _____Yes _____No
- Engaged in, or been accused of, any act of child molestation, exploitation, or abuse? _____Yes _____No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? _____Yes _____No
- Any reason why you should not work with children, youth, or others? _____Yes _____No

If the answer to any of these questions is "yes", please explain in detail: _____

Applicant Verification and Release

I recognize the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I voluntarily release the organization, any such person or entity, listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct any criminal background investigation, if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

AUTHORIZATION FORM

During the application process and at any time during the tenure of my volunteer service / pre-employment / employment with Northcliffe Baptist Church, I hereby authorize ChoicePoint Services Inc., on behalf of Northcliffe Baptist Church to submit this information for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee or volunteer.

Volunteer / Employee Name and Signature

Date

FOR OFFICE USE ONLY

Northcliffe Baptist Church
10515 Northcliffe Blvd.
Spring Hill, Florida 34608

Phone: 352-683-5882

fax: 352-683-6024

Account Number: _____

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