

**Confidential Screening Form
For Workers With Preschool, Children or Youth
First Baptist Church of Garner**

This Confidential Screening Form is to be completed by all teachers and workers (volunteer or compensated) involved in the supervision or custody of minors at First Baptist Church of Garner (FBCG). After review of this form, a copy will be kept in the applicant's personnel file. Only the applicant and the custodial personnel of these records have access to his/her personal file. This Confidential Screening Form is used, solely, to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Each person involved in the supervision or custody of minors, regardless of race, color, creed, national origin, or religious affiliation, is required to complete this form. No person will be refused access to the church or its programs based on a refusal to complete this form, but the church will not allow those who refuse to complete this form to be involved in the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this Confidential Screening Form.

Personal

1. Date: _____ S.S. #: _____ Male Female (Please Circle One) DOB: _____
2. Name: _____

Last
First
Middle
3. Have you been known by any other names (maiden, name changes, etc.)? If yes, please list all names below:

4. Present Address: _____ City: _____
 State: ___ Zip: _____ Home phone: () _____ Business phone: () _____
 Occupation: _____ Current Employer: _____
5. Marital Status: _____ No. of Children: _____ Spouse's Name (If Married): _____
 Is your spouse involved in ministry at FBC? ___Yes ___No If yes, where: _____
 Anniversary date (If Married): _____
6. When did you make your profession of faith in Christ? _____
7. When were you baptized? _____
8. Are you willing to share your personal testimony with others? ___Yes ___No
9. Do you have a current driver's license? ___Yes ___No
 If yes, please list your driver's license number and State of issue: _____

If you prefer, you may refuse to answer questions 10, 11 and 12, or you may discuss your answer in confidence with a First Baptist Church Garner staff member rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work with children or youth. If the space provide for your answer is insufficient, you may attach a separate page if necessary.

10. Have you ever been convicted of or pleaded guilty to or no contest to a crime? ___Yes ___No If yes please explain:

11. Have you ever been the subject of an investigation/inquiry involving child abuse or molestation? ___Yes ___No If yes, please explain:

12. Do you have any communicable diseases either active or in remission? ___Yes ___No If yes, please identify and explain:

Church History and Previous Ministry

13. Name of church of which you are currently a member: _____
14. Name of the last church which you attended regularly: _____
15. List all previous church work involving preschool, children and/or youth (list each church's name with city and state and type of work performed, and dates - attach a separate page if necessary):
- Church: _____ Church: _____
- Contact Person: _____ Contact Person: _____
- City, State: _____ City, State: _____
- Phone: _____ Fax: _____ Phone: _____ Fax: _____
- Dates: From: _____ To: _____ Dates: From: _____ To: _____
- Type of Work: _____ Type of Work: _____
16. List all previous non-church work involving preschool, children and/or youth (list each organization's name and address, type of work performed, and dates - attach a separate page if necessary.):
- Organization: _____ Organization: _____
- Contact Person: _____ Contact Person: _____
- City, State: _____ City, State: _____
- Phone: _____ Fax: _____ Phone: _____ Fax: _____
- Dates: From: _____ To: _____ Dates: From: _____ To: _____
- Type of Work: _____ Type of Work: _____
17. List any gifts, callings, training, education, or other factors that have prepared you for preschool, children, or youth work: _____
18. Personal Reference (not former employers or relatives):
- Name: _____ Name: _____
- Address: _____ Address: _____
- Telephone: _____ Telephone: _____

The information on this Confidential Screening Form is correct to the best of my knowledge. I authorize any references or churches furnished previously in this form to give FBCG and its designated agents and representatives any information (including opinions) that they may have regarding my character and fitness for work with preschool, children or youth. In consideration of the receipt and evaluation of this form by FBCG, I hereby release any individual, church, or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or 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 authorize a representative of FBCG to do initial and subsequent random criminal background checks, abuse registry checks and consumer investigative reports. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. I understand that any material misrepresentation or omission on this form constitutes good cause for FBCG to terminate either my paid employment or involvement with the supervision or custody of minors.

MEMORANDUM OF UNDERSTANDING REGARDING CONFIDENTIALITY OF CHILD CARE MEDICAL INFORMATION

The purpose of this memorandum of understanding is to emphasize that any medical information which is covered by confidentiality requirements pursuant to any State of North Carolina or Federal statute or law including, but not limited to, sexually transmitted diseases or tuberculosis, disclosed to or obtained by First Baptist Church Garner, or its agents concerning the undersigned volunteer, shall be held in strict confidence and shall not be disclosed to any individual or entity.

Signature: _____ Date: _____

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