

# Oakmont Baptist Church Working with Minors Application

## General Information

Date (mm/dd/yyyy) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Goes By Maiden

Date Joined Oakmont (mm/dd/yyyy) \_\_\_\_\_

Briefly describe your relationship with Jesus Christ

## Ministry Interests

Please Check All That Apply

### Ages Interested in Leading

Nursery (babies & toddlers)

Younger Preschool (ages 1-3)

Older Preschool (ages 4 & 5)

Younger Children (grades 1-3)

Older Children (grades 4 & 5)

Tweens (Grade 6)

Younger Youth (Grades 7 & 8)

Middle Youth (Grades 9 & 10)

Older Youth (Grades 11 & 12)

### Organizations Interested in Leading

Sunday School

Music Ministry

Mission Groups

Recreation

Special Needs Education

### Groups You Regularly Attend

8:20 Sunday School

9:40 Sunday School

11:00 Sunday School

9:40 Worship

Emerge Worship Experience

Spiritual Formation Group

Prayer Group

Mission Organization

Other (please list)

# Education and Training

Please list any training, education, or other factors that have prepared you to work with minors.

Please list any medical training

CPR Certified                      Certification Expires (mm/dd/yyyy) \_\_\_\_\_

SIDS Certified                      Certification Expires (mm/dd/yyyy) \_\_\_\_\_

# Local Personal References (over 18 and not related)

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## General Questions

The following questions are related to our *Working With Minors Policy* and are designed to help us provide a safe and secure environment for our minors and for the protection of our volunteers. All information is held strictly confidential. Answering “yes” to any question may not necessarily preclude your involvement in our ministry with minors.

Have you had any painful experiences in your life that may have better equipped you for or hinder you in a productive ministry with children?

Would you like to meet with a minister regarding this circumstance?

Are there any circumstances involving your life-style or your background that would call into question your ability to work with children?

Are you an adult survivor of child abuse?

*(Those answering “yes” must meet with the Pastor and/or Minister of Administration before becoming eligible to serve as a Worker. The capacity and eligibility of the applicant to serve as a Worker shall be determined by the Pastor and/or Minister of Administration.)*

Have you ever been treated for or hospitalized for alcohol or other substance abuse?

Have you had a prior criminal charge or conviction relating to or affecting a Minor?

*(Those answering “yes” must meet with the Pastor and/or Minister of Administration before becoming eligible to serve as a Worker. The capacity and eligibility of the applicant to serve as a Worker shall be determined by the Pastor and/or Minister of Administration.)*

If you answered “yes” to any of the above questions, please explain:

# Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in the application to provide any information they may have regarding my character and fitness for working with minors and I release all such references from liability for any damage that may result from furnishing such evaluations to Oakmont Baptist Church, Inc.

I agree to follow the *Working With Minors Policy* and the *Working with Minors Procedures* of Oakmont Baptist Church, Inc.

I agree to refrain from unscriptural conduct in the performance of my services on behalf of Oakmont Baptist Church, Inc.

I have completed the required on-line form for a criminal background check. By completing this form I have authorized that any information which pertains to any record of convictions contained in police files or any criminal file maintained on me, whether national, state, or local, be released to the Oakmont Baptist Church, Inc.. In so authorizing, I release any Police Departments, Oakmont Baptist Church, Inc., and those individuals receiving the results of the check from any and all liability resulting from the check from such disclosure.

I understand that the personal information obtained will be held in a confidential and secure manner.

**Signature** \_\_\_\_\_

**Date** (mm/dd/yyyy) \_\_\_\_\_

# For Office Use

Application  
Reviewed  
Approved  
Date \_\_\_\_\_  
By \_\_\_\_\_

*Working with Minors Policy*  
Provided  
Date \_\_\_\_\_  
By \_\_\_\_\_

Criminal Background Check  
Completed  
Approved  
Date \_\_\_\_\_  
By \_\_\_\_\_

*Working with Minors Procedures*  
Provided  
Date \_\_\_\_\_  
By \_\_\_\_\_

Acknowledgement Form  
Received  
Date \_\_\_\_\_  
By \_\_\_\_\_