

Church Address:
6301 Bryson City Rd.
Franklin, NC 28734

Church Telephone: 828-524-3469
Fax: 828-524-5687

Cowee Baptist Church

Confidential Volunteer Application Form

This application is to be completed by all applicants for any position involving the supervision of minors. It will help our church family provide a safe and secure environment for children and youth.

Personal

Last Name _____ First Name _____ Middle Initial _____

Present Address _____

City _____ State _____ Zip _____ Date _____

Email _____ Marital Status _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____

Do you have a current driver's license? No Yes: License number _____ State _____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? No Yes

If yes, please describe all convictions for the past five years. _____

Were you a victim of abuse or molestation while a minor? No Yes

- If you prefer, you may refuse to answer this question.
- You may discuss your answer in confidence with one of the ministers rather than answering on this form.
- Answering yes or leaving the question unanswered will not automatically disqualify you.

Church

_____ When did you make your profession of faith in Christ?

_____ When were you baptized? List any gifts, callings, training, education, or other factors that have prepared you for teaching. _____

Are you a member of this church? No Yes If yes, how long have you been a member? _____

1. If no, list your church membership contact information in the first church selection on the back of this form.
2. Please list other churches you have attended regularly during the past five years.
3. Include the type of work involving children that you performed.

Church History

- Church (Membership) Name _____
Church Address _____ Church Phone (_____) _____
City/State/Zip _____
Type of work involving Children _____ Dates of Service _____
- Church Name _____ Dates of Service _____
Church Address _____ Church Phone (_____) _____
City/State/Zip _____
Type of work involving Children _____

References

- Personal References (not relatives)

Name	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Statement (Please read and initial each statement.)

- _____ The information contained in this application is correct to the best of my knowledge.
- _____ I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children.
- _____ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
- _____ I waive any right I may have to inspect references provided on my behalf.
- _____ Should my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.
- _____ I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ **Date** _____