

**VOLUNTEER/ STAFF SCREENING FORM
DALLAS BAPTIST ASSOCIATION**

This form is to be completed for any volunteer or paid staff position involving the supervision or care of minors or persons with mental retardation. This is being used to provide a safe environment for the activities of the Association. Identity must be confirmed with a driver's license or other photographic identification.

Date of Application _____

Name _____

Print all Aliases or Maiden Name if Applicable _____

Date of Birth _____ Driver's License No. _____ Social Security No. _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Church _____ Pastor's Name _____

Church Address _____ Phone _____

Describe your experience or training related to working with minors or vulnerable adults. _____

Describe your church volunteer/ staff work related to minors and vulnerable adults. _____

Personal References. List three persons, not related to you, who have knowledge of your qualifications to work with minors or vulnerable adults. Provide complete addresses and phone numbers.

1. _____

2. _____

3. _____

Confidential Information. (Circle Response)

1. Have you ever been convicted of, or pleaded guilty or no contest to any crime against any person, child, or vulnerable adult under federal law or the law of any state or foreign country? No/ Yes

2. Have you ever been convicted of, or pleaded guilty or no contest to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect in this state or any other state or foreign country? No/ Yes

3. Have you ever been convicted of, or pleaded guilty or no contest to any other crime, whether a misdemeanor or a felony? Including, but not limited to drug-related charges, crimes of violence, theft, or motor vehicle violations. No/ Yes

4. Are there any criminal proceedings pending against you? No/ Yes

5. Are you the subject of a child abuse or maltreatment report in this state or any other state or country? No/ Yes

7. Have you ever had a lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual exploitation or sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgement entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired? No/ Yes

8. Have you ever been denied the opportunity to work with minors or vulnerable adults? No/ Yes

9. Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated, for reasons related to allegations of actual or attempted sexual discrimination, sexual harassment, sexual exploitation, or sexual misconduct, physical abuse or child abuse? No/ Yes

10. Is there any fact or circumstance involving you or your background, including church discipline, that would call into question your being entrusted with the supervision and care of minors or vulnerable adults? No/ Yes

If yes, to any of the above responses , please give date, nature of the offense, disposition, and any explanation you feel necessary in space provided on back page. If more space is needed, please attach a note for any further explanation.

Applicant's Statement/ Waiver/ Indemnity

The information contained in this screening form is correct to the best of my knowledge. I authorize any references to give you any information that they have regarding my character and fitness for work with minors or vulnerable adults. In consideration of the receipt and evaluation of this form by Dallas Baptist Association located at 8001 East R. L. Freeway in Dallas, Texas 75228, I hereby release an individual, church, charity employer, reference or any person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form.

Should my application be accepted, I agree to follow and be bound by the policies of the Dallas Baptist Association and to refrain from unscriptural conduct in the performance of my services on behalf of the Association.

I further state that I have carefully read the foregoing release and I know the content thereof 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** _____

Consent for Criminal Background Records Check

I hereby give my permission for the Dallas Baptist Association to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication's. I understand that this information will be used, in part, to determine my eligibility for a volunteer/ staff position with this organization. I also understand that I will have an opportunity to review the criminal history for clarification, if I dispute the record as received.

I, the undersigned, do , for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify any reporting agency and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/ staff member.

Applicant's Signature _____ **Date** _____

Applicant's Authorization to Work as Volunteer/ Staff

Applicant has been screened and is authorized to serve as a volunteer/ staff worker with minors and vulnerable adults. Applicant has been active as a volunteer/ staff in the ministry and life of the church for six months or more and agrees to observe the rule that prohibits adults from being alone with minors. Other adults and/or children should be present.

Church Authority Signature _____ **Date** _____

Church Position _____ **Church Name** _____
(Pastor, Children/ Youth Minister)

Applicant's Response (if Applicable).

Office Use Only
