



# Cornerstone Baptist Church Confidential Volunteer Application Form

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

Date \_\_\_\_\_

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

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security # \_\_\_\_\_

(If you have lived at this address less than five years please list your previous address below)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Occupation \_\_\_\_\_  
Month Day Year

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 \_\_\_\_\_

Is there anything past or present that would prohibit you from effectively ministering to our church membership?  No  Yes

When did you make a profession of faith in Christ? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ When were you baptized? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

List any gifts, callings, training education, or other factors that have prepared you for teaching.

---

---

---

---



Are you a member of Cornerstone?  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 below.
2. Please list other churches you have attended regularly during the past five years.
3. Include the type of work that you performed involving children.

### Church History

Church (Membership) Name \_\_\_\_\_

Church Address \_\_\_\_\_ Church Phone # (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type of work involving children: \_\_\_\_\_ Dates of Service \_\_\_\_\_

-----  
Church (Membership) Name \_\_\_\_\_

Church Address \_\_\_\_\_ Church Phone # (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type of work involving children: \_\_\_\_\_ Dates of Service \_\_\_\_\_

### Personal References (not former employees or relatives)

Name Address City/State/Zip and Phone

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

### List all previous non-church work involving children. Attach additional sheet if necessary.

Organization Address City/State/Zip and Phone

\_\_\_\_\_

\_\_\_\_\_

### Applicant Statement (Please 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 authorize Cornerstone Baptist Church to do a criminal background check.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return your completed form to a Cornerstone Baptist Church minister .

