

MILTON SEVENTH DAY BAPTIST CHURCH Application and Screening Form for Staff and Volunteer Workers

PERSONAL DATA

(please print)

Name:				
	Last	First	Middle	
Address: _				
Phone:				
E-Mail:				
Date of Bi	rth:			
Name of the	he Church of whi	ch you are a member:		
Date of M	embership:			
Other chu	rches regularly a	ttended in the last five ye	ars:	
Most Rece	ent Work Involvi	ng Youth:		
	ТҮРЕ	ORGANIZATIO	N	DATES

Gifts, training, education, or other factors that have prepared you for child/youth work: (include CPR, EMT, Nursing, Bus driver, Counseling, Camp, etc.)

		han minor traffic
pending against you?	Yes	No
Address		Phone

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed to provide information (including opinions) that they may have regarding my character and fitness for Child or Youth work. I further authorize the Milton Seventh Day Baptist Church to conduct a Criminal Background Check as part of its screening process.

Should my application be accepted, I agree to follow the policies of the Milton Seventh Day Baptist Church, and to refrain from un-Christlike conduct in the performance of my services on behalf of the church. I further understand that if I am arrested or convicted for a crime against children, subject to Chapter 948 of the Wisconsin State Statues, that I am required to report in writing to the Associate Pastor by the next working day.

I have answered all questions honestly and to the best of my ability:

Applicant's Signature:	
Date:	

Revised 5-20-19