

SOVEREIGN GRACE
CHURCH
est. 2000

**Safety Application Form for
Volunteers and Employees**
Confidential

This application should be completed by all applicants for any position (volunteer or employment) involving the supervision of minor children or vulnerable adults, such as elderly or impaired persons. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children, students and vulnerable adults who participate in the programs of Sovereign Grace Church or use Sovereign Grace Church facilities.

Name: _____

Address: _____

Phone: _____

Drivers License #: _____ Social Security #: _____ - _____ - _____

Sex: _____ M _____ F Date of Birth: _____

Marital Status: _____ (*single, married, separated, divorced, widowed, etc.*)

How long have you lived at your current address? _____

Previous address: _____

List all other cities and states where you have lived as an adult:

Pending the rest of the approval process, this application has been approved by:

Pastor's Name

Signature

Date

Date: _____

Please list the name, address, city and state of other churches you have attended regularly during the past 10 years: _____

Please list *all previous church work* involving children, students or vulnerable populations (impaired, adults, special needs individuals etc.). (List each church's name and address, type of work carried out, dates, and a contact person familiar with your work there. **(Use the back of this page for more space, if necessary.)**)

Please list *all previous non-church work* involving children, students or vulnerable populations. (List each organization's name and address, type of work carried out, dates and a contact person familiar with your work there.)

List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students or vulnerable adults:

Because our church cares for our members and our children, and desires to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

Why do you want to work with children or vulnerable adults at Sovereign Grace Church?

Do you have a preference concerning the age group or sex of children or students with whom you would like to work? Why?

Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? If so, please briefly explain. (Use back of page if necessary.)

Do you consider yourself to have been physically or sexually abused as a child?
(This information will be kept entirely confidential.)

If you were physically or sexually abused as a child, would you consider utilizing church resources to seek healing in this area of your life?

Have you ever physically or sexually abused a child?

Has someone ever accused you of abusing a child?

RELEASE

I authorize Sovereign Grace Church to contact all individuals, organizations and references listed on this Safety Application Form in order to verify the information I have provided to the church. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous church and non-church work, listed on this application.

I specifically authorize the church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____