

Dear Children/Youth Worker Applicants,

I want to express our appreciation for your desire and willingness to serve the children and/or students at The Bible Church of Little Rock. As you complete these forms, allow me to answer a couple questions that may arise:

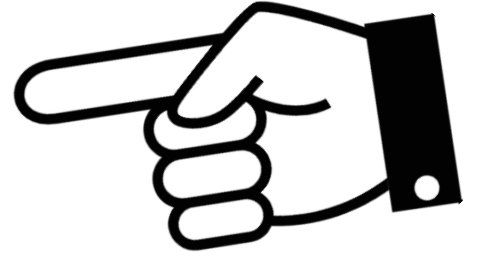
1. You must be a member of The Bible Church of Little Rock for at least six months to serve in Children's or Student Ministries. The exception to this is if you are under twenty one years of age and a child of parents (or parent) who are members.
2. Due to the personal and sensitive nature of the questions on the application we want to reassure you that the forms will be kept confidential and stored together in a designated locked file on our church campus.
3. For ongoing accountability we will reissue the applications every three years for those continuing to serve in Children's and Student ministries. The newly completed forms will replace the old ones and the old forms will then be shredded.
4. To ensure your privacy during each three year cycle, once the background checks are completed the Social Security numbers on the applications will be blacked out.
5. The designated readers for the applications are the Children's and Student ministries pastors. The applications will not be read by office staff nor will they be for office use.
6. Completing our application does not automatically ensure the opportunity to serve in Children's or Student ministries as each candidate is evaluated per a case-by-case basis.
7. Checking a box or boxes "yes" on the application *does not automatically forfeit you the opportunity to serve in Children's or Student ministries*. However, if you check a box "yes", the pastors will evaluate the wisdom of your service in Children's or Student ministries at this time. Then one of the pastors will personally meet with you to discuss this evaluation regarding the timing and opportunity for service.

We desire that our ministries function as safely as possible for our workers and children. Thank you for your cooperation in this matter.

Sincerely,

Aaron S. Wilson

Things to Remember



- All children's and youth workers are required to complete the screening process. This includes students.
- Complete attached four pages before taking to the notary public. (**DO NOT SIGN THE FORM** UNTIL YOU ARE BEFORE A NOTARY PUBLIC).
- You could have your form notarized anywhere that is convenient or stop by the church office during regular work hours (8:30 a.m. - 4:30 p.m.) to have your form notarized (**DO NOT SIGN THE FORM** UNTIL YOU ARE BEFORE A NOTARY PUBLIC).

REMEMBER:

DO NOT SIGN THE FORM UNTIL YOU ARE BEFORE A NOTARY PUBLIC.

If the answer to any of these questions is "yes," please explain in detail: _____

(Please attach additional pages if more space is needed.)

CHURCH ACTIVITY

What church or churches have you attended in the past five years?

Church Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES (Other than relatives)

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a copy of a valid driver's license or state-issued photo id.

APPLICANT VERIFICATION AND RELEASE

I recognize that The Bible Church of Little Rock (BCLR) is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize BCLR (through its elders, pastors, staff and/or agent) to contact any person or entity listed in this application, and I further authorize any such person or entity to provide BCLR with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release BCLR (including its elders, pastors, staff and/or agents) and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize BCLR to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures for children and youth as contained in the New Members Notebook, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed Name: _____

Signature: _____ **Date:** _____

Authorization For Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. **We are unable to accept cash.** If you feel that you should not have to pay this fee, please provide us with your proof or 501C3. **Please allow 7-10 business days for processing. Please make sure all information is legible. All forms that are illegible will be returned.**

(PLEASE DO NOT ATTACH ANY STAPLES TO THIS FORM)

This information should be addressed to:

Name of Person Making the Request: Aaron S. Wilson

Company Name: The Bible Church of Little Rock

Address: 19111 Cantrell Road, Little Rock, AR 72223

(Include Post Office Box and Street Address)

Telephone Number: 501-227-4980

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race Age DOB

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

(Please provide the last ten (10) years)

Present Address:

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas Acknowledges before me this _____ day of _____ 200____. My
commission expires: _____

Notary Public

