

**NORTHSIDE BAPTIST CHURCH/NORTHSIDE CHRISTIAN SCHOOL/THRIFT STORE
VOLUNTEER SCREENING FORM**

Northside Baptist Church/Northside Christian School is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

PLEASE PRINT

DATE: ____/____/____

POSITION (MINISTRY) DESIRED

Ministry and Position you are volunteering for? _____

Preferred day(s) of the week: _____

Hours you are available to work: _____

Type of volunteer: Parent _____ Student _____ Business partner _____ Friend of Ministry _____

Other: _____

VOLUNTEER INFORMATION

Name: _____

Address: _____

City/State: _____ Zip Code: _____ Telephone: _____

Have you ever worked or volunteered for Northside Baptist Church/Northside Christian School/Thrift & Gift before?

_____ If yes, when? _____ Where? _____

Do you have friends/relatives working for Northside Baptist Church/Northside Christian School/Thrift & Gift?

If yes, who? _____ Where? _____

State briefly why you would like to volunteer for Northside Baptist Church/Northside Christian School/Thrift & Gift:

Special Skills: 1) _____

2) _____

3) _____

Examples of special skills/activities:

Fundraising	Fine Arts related	Computer/Data Entry	Building Maintenance
Grounds work	Academic Tutoring	Cooking	Office/clerical support
Field trip chaperones	Athletic team coach	Bible Study leader	
Receptionist/telephone support			

Children at Northside Christian School:

Name: _____ Teacher: _____ Grade: _____

Name: _____ Teacher: _____ Grade: _____

DRIVING RECORD

Do you have a valid current driver's license? ____ Yes ____ No Chauffeur's license? ____ Yes ____ No

If yes, please list your driver's license number: _____

Attach a copy of your driver's license or photo I.D.

Have you ever been involved, charged, fined, or convicted of a traffic violation or a vehicle accident within the last five years? ____ Yes ____ No If yes, please describe all charges, fines, or convictions for the past five years:

OFFENSE RECORD

During your lifetime, have you ever been accused, convicted or pleaded guilty of child molestation, child abuse, assault, lewdness, or sex offenses of any nature? ____ Yes ____ No

If yes, please explain the nature of the accusations, charge or conviction: _____

Have you ever been accused, convicted, or pleaded guilty to any other crime? ____ Yes ____ No

If yes, please explain: _____

CHURCH ACTIVITY

Are you an active member of NBC? ____ Yes ____ No How long member? _____

Are you an active non-member of NBC? ____ Yes ____ No How long associated? _____

Name of other church of which you are a member: _____

Address of other church of which you are a member: _____

List (name and address) **additional** churches you have previously attended during the past five years:

Name	Address	City/State/Zip
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APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize ALL references and/or churches/schools listed in this form (but not limited to this form) to give you any information (including opinions) that they may have regarding my character and fitness for interaction with or assignment to children or youth work. In consideration of the receipt, processing, and evaluation of this form by Northside Baptist Church/Northside Christian School/Thrift & Gift, I hereby release NBC/NCS/T&G, its officers, pastors, administrators, employees, members or representatives, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or 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 application.

I further waive all rights and claims, and release NBC/NCS/T&G, its officers, pastors, administrators, employees, members, or representative, individually or collectively, from any liability or damages which may accrue to me from any injury or physical labor associated with my volunteer involvement in any church/school ministry or activity.

Should I be approved for volunteer work with children, or youth, or any other areas of Northside Baptist Church/Northside Christian School/Thrift & Gift, ministries, I agree to support the bylaws and policies of NBC/NCS/T&G, and to refrain from unscriptural conduct in the performance of my services on behalf of the church/school.

I understand that this information is confidential and will be made available only to responsible staff and ministry leaders at this church/school or its agents on a need to know basis.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS 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 _____

If applicant is under 18 years of age, a parent/guardian signature is also necessary.

Parent/Guardian _____ Date _____

Witness _____ Date _____

Reviewed by NBC/NCS/Thrift Authority:

_____ Date _____

Northside Christian School
VOLUNTEER CONSENT FOR
RELEASE OF INFORMATION

This release and authorization acknowledges that this school may now, or at any time while you are volunteering, conduct a verification of any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and/or other information as deemed necessary in regard to your contact with students. The results of this verification process will be used to determine appropriate contact with students under school volunteer policies. The information obtained will not be provided to any other parties other than to the designated authorized representatives of this school. All results will be kept CONFIDENTIAL.

I, the undersigned do hereby certify that the information provided by me for the purpose of volunteering, is true and complete to the best of my knowledge. I understand that any false statements will be considered as justifiable reason to prevent my contact with students.

I have read and understand this consent for release of information, and authorize the criminal background verification. I do hereby agree to forever release and discharge the school, their agent, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of the criminal background information. According to the Federal Fair Credit Reporting Act, I am entitled to know if contact was denied based on information obtained by the school, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the criminal background report.

PLEASE PRINT

First Name

Address

Last Name

City, Zip

Maiden/Former Name

Social Security

Date of Birth

Signature **Date**



Clear Investigative Advantage

5151 Belt Line Road, Suite 847
Dallas, TX 75254
Tel# 214-382-2727
Fax# 214-382-2732
Toll Free#: 888-CIA-2503

CLEAR INVESTIGATIVE ADVANTAGE LLC-- RELEASE FORM

The purpose of this form is to notify you that a pre-employment investigation report will be conducted on you in the course of consideration of employment with:

Company Name: _____

Company Address: _____

Last name: _____ First: _____ Middle: _____

Social Security Number: _____ Birth date: _____

Driver's License Number: _____ State: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Please list your last seven years of residence (Include city and state).

In connection with this request, I hereby authorize all corporations, former employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, Clear Investigative Advantage, LLC. This releases the aforesaid parties from any liability and responsibility for collecting any information.

Applicant's Signature: _____ Date: _____