



Use the back of the application for additional comments. Please return completed applications to the office.

## Personal information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Gender (circle): Male Female

Marital Status (circle): Single Married

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Text: Y / N

E-Mail Address: \_\_\_\_\_

Church Member (circle): Yes No How long have you been attending EBBC? \_\_\_\_\_ year(s)

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

How long have you lived in PA? \_\_\_\_\_ (*\*If less than 10 years please see end of document*)

Preferred way to be contacted (circle): Phone Text E-mail Best time to contact: \_\_\_\_\_

## Volunteer position

Specific areas of service (circle):

Nursery (Sundays / Special events) EBBC Kids(Sunday Mornings) Awana (Wednesdays)

Teens (Sunday Nights) Special Needs (as needed) Other

## Volunteer ability (circle all that apply)

I am able to volunteer on (circle): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

I am able to work the following times (circle): a.m. hours p.m. hours weekdays weekends

## Volunteer experience

IF you have ever volunteered before please list that information below.

What ministries do you participate in currently at EBBC?

\_\_\_\_\_  
\_\_\_\_\_

Position and description of responsibilities:

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What talents, interests, skills, and/or training do you have that you feel could be beneficial to EBBC?

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Y / N Are there any physical limitations or conditions, which might prevent you from performing certain types of work? If yes, please explain:

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**Personal testimony: age, place, what made you decide to follow Jesus?**

*(please use the back of this application for additional space)*

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**References** *(please give two references below)*

Personal Reference: \_\_\_\_\_ Years Known: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Years Known: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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***For Office Use Only***

Church Leader Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ministry Leader Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFIDENTIAL INFORMATION:**

The questions listed below are part of our screening process in order to help provide a safe and secure environment for the children who participate in our programs as well as our volunteers. *All information provided in this section will be treated confidentially and will only be discussed with one staff person immediately involved in the screening process unless that staff deems that disclosure to the Church leader/Pastors is necessary for the protection of the children participating in our programs.*

Since the questions below are of a personal and sensitive nature, please do not feel obligated to answer them in writing. If you would prefer to discuss any of these matters with the Pastors/Church leader or staff involved in the screening process, please simply write that down or leave the form blank. Answering “yes” to any of the questions may not necessarily preclude your involvement in *Children/Youth Ministries*. Thank you for understanding.

*(Circle Y or N to answer these questions)*

Y / N Have you been a victim of abuse?

Y / N Have you ever been accused of any sexually related crimes?

Y / N Have you ever been accused, alleged to have, or have ever committed any act of neglecting, abusing, or molesting a child?

Y / N Are there any present/past situations that you believe your ministry leader should know?

Y / N Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction in the past 10 years?

Y / N Have you ever been convicted of the possession, use, or sale of drugs within the last 10 years?

Y / N Within the last 12 months have you abused alcohol, legal or illegal drugs?

Y / N Within the last 12 months has your driver’s license been suspended or revoked?

• I understand that we are teaching our children to live biblically correct lives, following the word of God and being obedient to it, and that my lifestyle and behavior should be an example to these children. I affirm that this lifestyle is true of me at this time. I agree to let the church know if this situation changes and to step down from my responsibilities with children until those issues are resolved.

• I authorize, at East Brandywine Baptist Church’s discretion, the investigation of all statements made by me in this application, related papers, or oral interviews and the review of any civil or criminal records which may exist, concerning me, except for such records as are sealed according to state or federal law. I understand that as a volunteer, I will not receive payment for any services performed.

• I as a volunteer at EBBC will comply with the churches childcare regulations and the church doctrinal statement and that I have provided truthful and factual information above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I Have you completed the Criminal Background Check and provided EBBC with a paper/email copy

I Have Completed the Child Abuse Clearance and provided EBBC with a paper/email copy

1. Criminal Background Check.

<https://epatch.state.pa.us/Home.jsp>

If you do not have a Username and Password, you will need to **Submit a New Record Check**. After you accept the terms and conditions you will need to fill in your own information. Once you walk through this process it will bring you to a screen that says **Record Check Details** at the top. This screen should have all of your information listed and have a link that says **Certification Form**. Click on that link and print the page that appears. You can print as many as you want. I would recommend printing a few copies and also writing down your **Control Number** and the date you requested your clearance. After this, simply hand in one of your copies to your ministry leader.

2. Child Abuse Clearance.

<https://www.compass.state.pa.us/cwis/public/home>

You will need to create a new account and wait for password to be sent to your email. Once the email is received you will take your given password and log in to create your own. Once you are finally logged in you will come to a screen that asks, "**What would you like to do today?**" You will have two options, either **Access My Clearances** or **Access My Referrals**. Click on **Access My Clearances**. Now, scroll all the way to the bottom and click **Continue**. You will see a link that says, **Create Clearance Application**. Click that and follow the directions and you are done.

It will take about a week for this request to be processed. If you selected to have your results mailed to you then they will arrive at your home. However, you will still be able to log in online and print as many copies as you want. After your results have been posted you can also save your clearance to your personal computer. I would recommend writing down your user name and password so that you have it later. Once you have completed all these tasks, make sure a copy of your child abuse clearance makes it to the EBBC office.

\* If you have not lived in the state of Pennsylvania for the last 10 years you are required by the state to get fingerprinting done and turn them in to East Brandywine Baptist Church. We suggest that you get these done at the **Chester County Intermediate Unit – 455 Boot Road Downingtown, PA 19335**. You may call (1-888-439-2486) or visit their website ([www.cciu.org/site/default.aspx?PageID=129](http://www.cciu.org/site/default.aspx?PageID=129)) to set up an appointment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_