



Littleton Bible Chapel  
**Nursery Worker Application**

**Confidential**

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Have you ever been asked to step away from ministry in any setting (paid or volunteer)?  yes  no

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Is there anything in your past or current life that might be a problem if we found out about it later?  yes  no

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**Note: If the answer to any of the above questions is yes, they will be discussed with you confidentially during the application process.**

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### **Required Reading**

I have read the LBC **Child Protection Policy** and agree to be bound by it.  yes  no

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### **References**

Please provide three character references (other than family members) who can identify your strengths and weaknesses. These forms should be included with this application. If they are not, contact the office to get them. Have those filling out the references return them to the church office (as they are confidential).

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### **Waiver / Release**

I, the undersigned, give my authorization to Littleton Bible Chapel and its representatives — hereafter referred to as LBC—to verify the information on this form. LBC may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church youth ministry worker. I am willing to request and submit to the LBC background check which will include but not be limited to identification verification, a national criminal file search, a county courthouse search, and a state sexual offender search.

I understand that this application, the results of the background screening and letters of reference will be made available to the head of the ministry with which I am going to work, to the Operations Director, and to the elders. All information will be maintained in a secure file.

Should my application be accepted, I agree to be bound by the statement of faith and policies of LBC, to be submissive to the leadership of the elders of LBC, and to refrain from conduct unbecoming to Christ in the performance of my ministry on behalf of LBC. If I violate these guidelines, I understand that my position in ministry may be terminated. By signing this application, I state that all of the information given about myself is true.

**The information contained in this application is correct to the best of my knowledge.**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date