Nursery Worker Application

Confidential

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Basic Information			
NameFirst			
First Address	Middle	Last	
Street Address	City	State	Zip
Phone #'s / e-mail Home Work Cell e-mail			
Family Information (optional)			
Marital status: ☐ Single ☐ Married ☐	Divorced If married	, spouse's name:	
If you have children, their names and ages			
, ca nare emaren, area names and ages	•		
1.	3.		
2.	4.		
Tell Us About Yourself			
1. How long have you attended our church	1?		
,			
2. Please list any personal weaknesses or	anagial concerns that as	auld affact your ministry	
2. Flease list ariy personal weaknesses or	special concerns that co	did allect your ministry.	
Background information			
Duokground information			
Have you, at any time, been involved in se	exual or physical abuse, r	maltreatment, or neglect?	☐ yes ☐ no
		-	•
Have you ever been convicted of possessi	on / sales of controlled s	ubstances or of driving under	
the influence of alcohol or drugs?			□ yes □ no
Have you ever gone through treatment for	alcohol or drug abuse?		☐ yes ☐ no
riave you ever gone unough treatment for	alconor or drug abuse:		a yes a no
Are you currently using illegal drugs?			☐ yes ☐ no
Have you been arrested or convicted for a	ny criminal act more seri	ous than a traffic violation?	□ yes □ no
Are you, or have you ever been, a practicir	ng homosexual?		☐ yes ☐ no

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Have you ever been asked to step away from	m ministry in any setting (paid or volunteer)?	□ yes □ no
Is there anything in your past or current life	that might be a problem if we found out about it later?	☐ yes ☐ no
Note: If the answer to any of the above question process.	uestions is yes, they will be discussed with you con	fidentially during
Required Reading		
I have read the LBC Child Protection Police	cy and agree to be bound by it.	☐ yes ☐ no
References		
weaknesses. These forms should be include	other than family members) who can identify your strenged with this application. If they are not, contact the office them to the church office (as they are confidential).	
Waiver / Release		
LBC—to verify the information on this form. deemed necessary in order to verify my suit	Littleton Bible Chapel and its representatives — hereafted LBC may contact my references and appropriate gover tability as a church youth ministry worker. I am willing to will include but not be limited to identification verification arch, and a state sexual offender search.	nment agencies as request and
	s of the background screening and letters of reference which I am going to work, to the Operations Director, and to le.	
to the leadership of the elders of LBC, and to	to be bound by the statement of faith and policies of LB to refrain from conduct unbecoming to Christ in the performation guidelines, I understand that my position in ministry may information given about myself is true.	rmance of my
The information contained in this applica	ation is correct to the best of my knowledge.	
Print name	-	
Signature	 Date	