

Safety and Security Team Application

Name: _____ Date of birth: _____

Daytime telephone: _____

Address: _____

In which team role(s) do you want to become involved? _____

Have you completed any formal training or certifications related to this role? If so, please describe:

What skills would you bring to the team? _____

What other safety- or security-related work experience do you have? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever:

- Been accused, arrested, or convicted of any crime? Yes No
- Been investigated by a state agency for misconduct? Yes No
- Lost or been denied the privilege to carry a concealed weapon? Yes No
- Had any life experiences that have better equipped you for or may hinder you from a productive ministry on the safety and security team? Yes No
- If yes, would you like to meet with a pastor about this experience? Yes No
- Are you aware of any reason you should not serve on this team? Yes No

If the answer to any of these questions is "yes," please attach additional pages and explain in detail:

continued...



Church Activity

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

Church Name and City/State	Pastor's Name	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (other than relatives). Please provide at least two.

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

Verification and Release

I recognize that Open Door Baptist Church is relying on the accuracy of the information I provide on this application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal-background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization and to protect the health and safety of the people assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

Please read this document carefully before you sign it.

