

SOUTHSIDE BAPTIST CHURCH
C-A-R-E Provider Application

You must be a member to be Care Certified

Date _____ Date of Birth _____

Name: _____

First

Middle

Last

Maiden name, if applicable: _____

Current address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

If you have lived at this address less than five years, please give your prior address:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

What is your current occupation? _____

What type of Children's or Youth work do you prefer? (Check all that apply)

_____ Sunday School Teacher/Assistant

_____ Special Needs

_____ Serve the City/Backyard Kids Club

_____ Missions

_____ Nursery/Preschool

_____ Children (1st-5th grade)

_____ Youth

_____ Other _____

What length of commitment can you make?

_____ Once a month

_____ Every other week

_____ Every week

_____ On standby

Do you have a personal relationship with Jesus Christ? Yes No

If you were standing before God, how would you answer the question,

“Why should you be allowed to enter My heaven?”

Are you a member of Southside? _____

For how long? _____ Phone number: _____

It's address: _____

What other churches have you attended regularly during the past 5 years? Provide the name, address, phone number and name of Senior Pastor at each.

List all previous church work involving minors/youth. Provide dates, types of work performed, name of church, phone number and supervisor's name.

List all previous non-church work involving minors/youth. Provide dates, types of work performed, name of organization, phone number and supervisor's name.

Personal References

Please provide names of two personal references - not relatives or employers unless pertinent to this application

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

Applicant's Statement

The information contained in the application is correct to the best of my knowledge. I authorize any references or churches listed in the application to provide any information (including opinions) that they may have regarding my character and fitness for working with minors and/or vulnerable adults. In consideration of the receipt and evaluation of this application by SBC, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or my family on account of compliance or attempt 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.

Should my application be accepted, I agree to be bound by the Constitution, Bylaws and policies of Southside Baptist Church and to refrain from unscriptural conduct in the performance of my services on behalf of SBC.

I have read the C.A.R.E. Certification Presentation and watched the video provided to me. Upon completion of this application, the background check, interview, and acceptance by SBC, I understand that my CARE certification MAY need to be renewed in 2 years.

I further state that I have carefully read the foregoing release and know the content thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand. **I am an active Member of SBC.**

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Social Security Number (required to run a background check) _____

Have you ever been arrested for any criminal offenses: No _____ Yes _____ If yes, describe:

Have you ever been accused, arrested, or convicted of any sexually related crimes: No _____
Yes _____ If yes, describe:

Are you currently on probation or parole? No _____ Yes _____ If yes, describe:

For office use only

Pastor's Approval Signature: _____

Date Approved: _____

Date of Background Check: _____

Signature of Office Administrator: _____