

Dear Church Family,

Thank you! Thank you! Thank you! Thanks for being willing to serve! Jesus said in Matthew 19:14, "...*'Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.'* When he had placed his hands on them, he went on from there." Jesus enjoyed the presence of children, enabled a path for them to come to Him, and ensured their protection as he spoke up for them. The church today should be no different! We do a great job of enjoying the children God has placed within our ministries and leading them to discover Him. I would hope that we would do a great job of protecting them as well! Far too often today children become the targets of predators and workers become the targets of greedy accusers. We are now working to prevent both!

Our church has officially adopted the child protection policy that was put together by our association (GETBA—Greater East Texas Baptist Association) with the aid of Child Guard Systems of Richardson, TX. We have also entered into an arrangement with Child Guard Systems to to screen and confirm all staff, teachers, and workers of the church who would work or travel with anyone who would be classified as a minor by either age or mental capabilities. The process will look like this: Every year every staff member and every worker who participates in church activities with anyone age 18 and under will go through a criminal background check. In addition, every year everyone will also have to read the protection policy online and take a short test on the policy. The test must be passed 100% for the worker to be able to continue to serve.

I understand that this is a tremendous amount of effort for you to go through. I would not ask this of you if it were not important. If it takes this much effort to prevent the abuse of a child or the hassle of a lawsuit then I believe we must put our shoulders to the task! This type of procedure has already protected children in churches near ours from predators. We have already budgeted for the enrollment cost for our staff and workers. All that we need now is for you to enroll and begin!!

Thank you!

Your Pastor,  
Wes Sherman

**GREATER EAST TEXAS BAPTIST ASSOCIATION  
EAST MOUNTAIN BAPTIST CHURCH-GILMER, TEXAS  
APPLICATION FOR VOLUNTEER OR COMPENSATED WORKER  
CONFIDENTIAL**

This application is to be completed by all applicants and/or current workers for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the Greater East Texas Baptist Association and/or its member churches as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help Greater East Texas Baptist Association provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

**Personal**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

*Identity must be confirmed with a state driver's license or other photographic identification.*

Present Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please indicate the type of youth or children's work you prefer \_\_\_\_\_

Please indicate the date you would be available to begin \_\_\_\_\_

What is the minimum length of commitment you can make? \_\_\_\_\_

Have you ever been charged, convicted of or pleaded guilty to a crime?

\_\_\_\_ Yes [If yes, please explain each of the above --- (attach a separate page, if necessary)]

\_\_\_\_ No

Do you have a current driver's license? \_\_\_ Yes/License # \_\_\_\_\_ \_\_\_ No

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

**History and Prior Youth Work Experience**

List (name and address) other Churches you have attended regularly during the past five years:

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

List all previous church work involving youth (list each Church name/ address/type of work performed/ dates):

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

List all previous non-church work involving youth (list each organization's name/ address/type of work performed/ dates)

\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children or youth work:

\_\_\_\_\_

Personal References (not former employers or relatives)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Medical Information**

Are you currently being treated for or have you been diagnosed to have any of the following:

- | Yes                      | No                       |  | Yes                      | No                       |                      |
|--------------------------|--------------------------|--|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis A or B                                       | <input type="checkbox"/> | <input type="checkbox"/> | Stoke / Heart Attack |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis   | <input type="checkbox"/> | <input type="checkbox"/> | Back or Neck Injury  |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV/AIDS   | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness       |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medications? Please list: |                          |                          |                      |

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

Do you have any physical limitations that would prevent or limit your working with infants or children? If yes, please describe:

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**Applicant's Statement**

The information contained in this application is true and correct. I authorize any references, businesses, or organizations listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Greater East Texas Baptist Association and/or member churches, I hereby release any individual, business, youth organizations, 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 or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information.

Should my application be accepted, I agree to be bound by the Bylaws and policies of Greater East Texas Baptist Association and/or my member church, and to refrain from unscriptural conduct in the performance of my services on behalf of Greater East Texas Baptist Association and/or my member church [I will notify Greater East Texas Baptist Association and/or my member church in writing of any changes by my having been charged, convicted of or pleading guilty to a crime].

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

I acknowledge, recognize and authorize Greater East Texas Baptist Association and/or my member church to conduct a background check of my character, including criminal or any other type of background check that Greater East Texas Baptist Association and/or my member church deems appropriate in verifying the above representations made by me and will sign any authorizations necessary to do so. 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.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By:

Printed Name \_\_\_\_\_

Signature: \_\_\_\_\_