



Berean Nursery Volunteer Form

Name _____ Cell # _____
First Middle Last

Email _____ @ _____

Please list the names and ages of your children in nursery through K5:

Are you a member of the church? Yes _____ No _____ If 'yes' since what MM/YY _____ / _____

If 'no' have you previously completed or are you presently enrolled in First Class? Yes _____ No _____

Please circle one or more of the services you are able to serve at on a monthly basis:

Sun at 8.15 | Sun at 9.15a | Sun 10.30am | Sun at 5.45pm | Wed at 6.05pm

Please circle one or more of the age preferences you enjoy working with:

Birth – 6 mos | 6-12 mos | 12 -18 mos | 18-24 mos | 2 – 3 yrs | 4-5 yrs

Confidential Background Check Authorization

Current Address Since: _____ / _____
MM/YY Number & Street

_____ (print previous address on back if less than 1 year)
City State Zip

Former Name(s) _____ Dates used: _____ to _____ (continue on the back if needed)
Maiden MM/YY MM/YY

Social Security # _____ Date of Birth: (MM/DD/YY) _____ / _____ / _____

Please read the Fine Print and sign below:

Anyone who works with children at Berean must have a national background check conducted before they can work with children. In order to conduct this background check we need some additional information and your permission. This information will be kept absolutely confidential.

The information contained in this application is correct to the best of my knowledge. I hereby authorize Berean Baptist Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/ or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residence, employment history, employment credit history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal and written, pertaining to me, to Berean Baptist Church or its agents. I further authorize the complete release of any records or data pertaining to me (including information or data received from other sources) which the individual, company, firm, corporation, or public agency may have.

I hereby release Berean Baptist church, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____