



LAST NAME _____

Confidential Child Protection Form

Immanuel Baptist Church, Wausau, WI

First Name _____ Middle _____

Maiden Name _____ Other Names _____

D.O.B ____/____/____ Gender: **Male** **Female** Have you ever lived outside the USA? **YES** **NO**

Current Address _____ City _____ Zip _____

Previous Address _____ City _____ Zip _____

Previous Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Current Employer _____ Phone _____

Have you ever been charged or convicted of any act of neglecting, abusing, molesting, assaulting or any type of sexual misconduct against any child or adult? (If yes, explain.)

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve at IBC? (If yes, explain.)

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application (on either side of this document) to give IBC any information (including opinions) that they may have regarding my character and fitness for children's work. In consideration of the receipt and evaluation of this screening, I hereby release any individual, church, youth organization, employer, charity, reference, or any other person or organization, both individually or collectively, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

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 screening form. As a volunteer or paid worker for Immanuel Baptist Church I agree to abide by the Child Protection Policy and to refrain from unscriptural conduct in the performance of my services on its behalf.

I have read the Child Protection Policy Handbook and agree to follow the policies and procedures in handling any child abuse situations that may arise.

I further state that I have read carefully the foregoing release and know the contents thereof. This is a legally binding agreement which I have read and understand.

1. In connection with my future involvement as a staff member or a volunteer, I understand that IBC may conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photocopy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church or non-profit organization, reference, or insurance company contacted by IBC or its consumer reporting agency or its agents, to furnish the information described above.
4. I understand that if any of those records contains information which is used to deny my service by Immanuel Baptist Church, that I will be notified of my rights and where I can obtain a copy of the information.

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

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Are you a member of Immanuel Baptist Church? YES _____ NO _____

Are you a regular attendee of Immanuel Baptist Church? YES _____ NO _____

If "NO"... Of which church are you a member/attendee? _____

Why are you interested in serving at IBC?

What would you say to God if He were to ask you, "Why should I let you into My heaven?"

Are you willing to submit to the decisions of the leadership of IBC? YES _____ NO _____

Are you willing to support the doctrine and policies of IBC? YES _____ NO _____

Are you committed to living according to Biblical principles? YES _____ NO _____

Have you read and understood the IBC Child Protection Policy? YES _____ NO _____

Please list your previous experience working or volunteering with people 0-18 years of age or adults with disabilities over the last 10 years. Include the organization's name and location (city and state) and the work you performed.

What area(s) and with which age group(s) do you plan to serve?

I have answered these questions to the best of my ability:

Signature _____ Date _____

Thank you for taking the time to fill out this form. This is an essential tool to help us provide a safe environment for the children at Immanuel Baptist Church (IBC); therefore, it is required of all people serving anyone 0-18 years old or adults with disabilities. This form will be kept in a secure area in the church office, and will only be viewed by a small group of church leaders. We commit to protect your personal information.

Adopted by Deacon Board 9/14/10