

-- CONFIDENTIAL --

-- FOR AUTHORIZED PERSONNEL ONLY --

Clifford Baptist Church

Children and Youth Leader Application

635 Fletcher's Level Road, Amherst, VA 24521

Phone: 434-946-0555

Email: cliffordbaptist@cliffordbaptist.org

This application is to be completed by all applicants for any position involving the supervisory capacity over children or youth. It is intended to assist our church family in providing a safe and secure environment of all children and youth that participate in our classes/activities/programs and use our facilities.

Full Name: _____

Date of Application: _____

Please provide, in full, any other names you have used: _____

Address: _____
Street

City _____ State _____ Zip Code _____

Telephone: Home: _____ Work: _____

Mobile: _____ Other: _____

Social Security Number: ____/____/____ Date of Birth: _____

E-mail address _____

Height _____ Weight _____ Eyes _____ Hair Color _____

Place of Birth _____ Country of Citizenship _____

Occupation: _____ Marital Status: _____

On what date would you be available to begin: _____

What is your minimum length of commitment: _____

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Children and Youth Leader Application (page 2)

1. Have you ever been charged³ or convicted of a criminal offense as an adult (felony or misdemeanor, except minor traffic violations)?

Yes No

If you answered yes, please attach a statement of explanation including the nature of the offense, date, court where the conviction was entered, and any other relevant information.

2. Have you ever been charged with or convicted of any sexually related crime?

Yes No

If you answered yes, please attach a statement of explanation including the offense, date, jurisdiction of the charge, and any other relevant information.

3. Have you ever been charged with or convicted of any crime of violence?

Yes No

If you answered yes, please attach a statement of explanation including the nature of the offense, date, court where the conviction was entered, and any other relevant information.

4. Have you ever been charged with³ or convicted of any offense against a child or youth?

Yes No

If you answered yes, please attach a statement of explanation including the nature of the offense, date, court where the conviction was entered, and any other relevant information.

5. Are you subject to a legal protective order currently in effect?

Yes No

If you answered yes, please attach a statement of explanation including the protected persons, date of expiration, and any other relevant information.

³ Amended 1/23/24

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6. Have you ever been reported to a social service agency, law enforcement authority, child abuse registry, or similar organization regarding abuse and misconduct involving children or youth?

Yes No

Those completing a renewal application, do not need to provide references.⁴

For New Applicants:

Personal References including one local reference: (Please DO NOT include: former employers, relatives, or Clifford Baptist Church pastors and their immediate families.⁴)

(1) Name: _____

City State Zip Code

(2) Name: _____

City State Zip Code

(3) Name: _____

City State Zip Code

⁴Amended 3/20/18, 1/23/24

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Children and Youth Leader Application (page 4)

Applicant's Statement

I certify that I have read and reviewed the Clifford Baptist Church Child Abuse Prevention Policy and Child Abuse Reporting Procedures.

Initial

I understand that during my period of service if my answers to questions 1-6 above change, I will notify one of the Pastors immediately.

Initial

The information contained in the application is correct to the best of my knowledge. I authorize Clifford Baptist Church to conduct a criminal background investigation concerning my personal life, history, record and suitability for service. I authorize references listed in this application to provide information that may have regarding my character and fitness for working with children and youth. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf.

Initial

Should my application be accepted, I agree to be bound by the bylaws, policies and procedures of this church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Initial

I further state that I have carefully read the foregoing release and know the content thereof and I sign this release of my own free act. This is a legally binding agreement that I have read and understand.

Signed: _____ Date: _____

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name	<input type="text"/>	*First Name	<input type="text"/>
Middle Name 1	<input type="text"/>	Middle Name 2	<input type="text"/>

*Date of Birth:	<input type="text"/>	*Place of Birth:	<input type="text"/>	*U.S. Citizen or Legal Permanent Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	<input type="text"/>	Country of Residence:	<input type="text"/>	Prisoner Number (if applicable):	<input type="text"/>
*Last Four Digits of Social Security Number: <input type="text"/>					

*Race (please check appropriate box):

Asian Black Caucasian Native American Unknown

*Sex (please check appropriate box):

Male Female Other

Address

C/O	Clifford Baptist Church	ATTN	Dwayne Tuggle
*Address			
635 Fletcher's Level Rd			
*City	Amherst	*State	VA
*Postal (Zip) Code	24521	*Country	USA
Phone Number	<input type="text"/>	E-Mail	<input type="text"/>

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* REQUESTOR SIGNATURE DATE

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division - Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306**

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

APPLICANT

* See Privacy Act Notice on Back

D-258 (REV.12-10-07)

LAST NAME NAM FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

Clifford Baptist Church
635 Fletchers Level Road
Amherst, VA 24521
Attn: Dwayne Tuggle

FBI NO. FBI

CLASS

REASON FINGERPRINTED

Child/Youth Volunteer

ARMED FORCES NO. MNU

REF.

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY