Children and Youth Leader Application

-- CONFIDENTIAL -- FOR AUTHORIZED PERSONNEL ONLY --

Clifford Baptist Church, 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 a supervisory or supportive capacity over children or youth. It is intended to assist the church in providing a safe and secure environment for children and youth participating in classes, activities, programs, and church-organized events.

Full Name: _____

Other names used: _____

Address: _____

Phone Numbers: _____

Date of Birth: _____ Marital Status: _____

Email Address: _____

Occupation: _____

Height: _____ Weight: _____Eye Color: _____ Hair Color: _____

Date available to begin: _____

Application Questions

If you answer "Yes" to any of the questions below, write/attach a written explanation with the nature of the matter, date, jurisdiction/court/agency, disposition, and any relevant information.

1. Have you ever been charged with or convicted of a criminal offense as an adult, felony or misdemeanor, except minor traffic violations? ☐ Yes ☐ No

2. Have you ever been charged with or convicted of any sexually related crime? ☐ Yes ☐ No

3. Have you ever been charged with or convicted of any crime of violence? ☐ Yes ☐ No

4. Have you ever been charged with or convicted of any offense against a child or youth? ☐ Yes ☐ No

5. Are you subject to a legal protective order currently in effect? ☐ Yes ☐ No

6. Have you ever been reported to a social service agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children or youth? ☐ Yes ☐ No

References

Renewal applicants do not need to provide references unless requested by the CAPP Committee. New applicants shall provide three personal references, including one local reference. Do not include former employers, relatives, Clifford Baptist Church pastors, or their immediate families.

Reference 1: Name _____ Phone/Email _____
City/State _____

Reference 2: Name _____ Phone/Email _____
City/State _____

Reference 3: Name _____ Phone/Email _____
City/State _____

Applicant's Statement

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

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 or Background Administrators immediately.

Initial: _____ The information contained in this 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 they may have regarding my character and fitness for working with children and youth. I release all such references from 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 conduct inconsistent with the church's standards in the performance of my service on behalf of the church.

Initial: _____ I further state that I have carefully read the foregoing release, know the contents thereof, and 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		*First Name	
Middle Name 1		Middle Name 2	

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident: ☐ Yes ☐ No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*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		E-Mail	

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

IGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

ORI

ESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB Month Day Year

CITIZENSHIP CTZ | SEX | RACE | HGT. | WGT. | EYES | HAIR | PLACE OF BIRTH POB

ATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

MPLOYER AND ADDRESS

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

FBI NO. FBI

CLASS

EASON 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