Black Mountain Presbyterian Church APPLICATION TO BECOME AN APPROVED ADULT

This application is a mandatory part of a process to assist the congregation in providing a safe, nurturing Christian environment for our children/youth. Persons responsible for the supervision and care of our children/youth are in a special position of trust and confidence. An approved adult is a BMPC member over 21 years of age who has satisfied the training and screening requirements of the Child Safety Policy, including a background check. An approved adult is authorized to provide overnight and off-site supervision of children in accordance with the terms of this policy.

PERSONAL INFORMATION Please attach photographic identification, e.g., copy of driver's license. Name Date of Application Address Telephone (Home) _____ (Cell) ____ E-mail Address ☐ Yes ☐ No Are you 21 years of age or older? CHURCH OR CHILD-RELATED WORK (1) List your talents, training, education, etc., that might help enrich the lives of our children/youth. Describe the type of work you prefer. (2) Name and address of church (if any) of which you are now a member, if other than this congregation. (3) When did you join Black Mountain Presbyterian Church? (MM/DD/YYYY if you know it) (4) Names and addresses of all churches you have attended on a regular basis at any time during the last five years.

(5) Describe any church work you have done with children/youth during the last five years. Include the church's name, city, and year(s) of participation.			
(6) Describe any non-church related work you have done with children/youth during the last five years.			
Include the organization's name, city, and year(s) of participation.			
Before answering questions 7 through 11 on this application, please read the Child Protection Policy of Black Mountain Presbyterian Church and the page attached to this application on which appear definitions of child abuse and child sexual abuse and exploitation. In the questions below, the words "abuse," "abusing a child" and "child abuse" are intended to include the conduct described in the definitions.			
(7) Is there any reason why you should not work with children/youth? Yes No			
If yes, please explain.			
(8) Have you ever abused a child/youth (a person less than 18 years of age)? Yes No			
If yes, please explain.			
(9) Have you ever been accused of abusing a child/youth? Yes No			
If yes, please explain.			
(10) Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged			
abuser?			

(11) Have you ever been arrested for, convi-	cted of, or plead guilty to a criminal offen	se against a
person?		
If yes, please explain	NA TOURNE NET NOTE TO THE PERSON OF THE PERS	
PREVIOUS TRAINING	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
(12) Have you had any training in child abus	se prevention within the last three years?	yes;no.
If so, when was the training,	how many hours,	what was the
content,		
and who provided the leadership?	· · · · · · · · · · · · · · · · · · ·	
Please provide a certificate if you have one.		
PERSONAL REFERENCES		
(13) Give the name, address, and phone num at least five years.	nber of two persons, not relatives, who have	ve known you for
(1)		
(2) I agree that the information contained in	this application is correct to the best of	my knowledge.
Applicant's Signature	Date	
APPLICANT'S PERMISSION FOR TH APPLICANT AND APPLICANT'S RELEAT THAT DISCLOSE INFORMATION OR GIVE	SE OF ALL CLAIMS AGAINST PERSO	NS OR ENTITES
I understand and agree that the congregation and others who may be identified by those lift others to give you any information (including fitness for work with children/youth. I also any other person or entity with access to recoduring the consideration of this application, person or entity to provide information regard the receipt and evaluation of this application any individual, church, youth organization, concluding record custodians, both collectives of whatever kind or nature which may at any person's or entity's disclosure of information further state that I have carefully read the for this release freely and voluntarily.	isted above. I authorize these references of a pointions) that they may have regarding understand and agree that law enforcement ords of criminal arrests or convictions made I authorize these law enforcement authorized the self aw enforcement authorized the self aw enforcement authorized the self aw enforcement authorized the congregation, I hereby release the employer, reference, or any other person of an individually, from any and all liability time result to me, my heirs, or family, on a about me or the expression of an opinion	or churches or my character and at authorities or y be contacted ities or any other consideration of congregation and or entity, lity for damages a account of any a about me. I
Applicant's Signature	Date	



VOLUNTEER APPLICANT DISCLOSURE AND CONSENT FOR BACKGROUND INVESTIGATION

For security purposes, applicants for volunteer duties with Black Mountain Presbyterian Church (hereafter "BMPC") must undergo a background check before volunteer duties can be performed. This background check will consist of (a) a criminal record search, (b) validation of SSN and current and previous names and addresses, and (c) a sex offender search. In addition, a driving record report will be required for any volunteer who will be operating a company vehicle or private vehicle for purposes related to volunteer activities for BMPC.

I hereby authorize BMPC to perform a background check as outlined above by obtaining a background report from a Consumer Reporting Agency of BMPC's choice. I understand that the information contained in my background report will be used solely for the purpose of determining my eligibility to perform volunteer duties with the BMPC organization, and that the information in my report will be kept confidential and secure at all times. If I am rejected for these volunteer duties based solely or in part as a result of my background report, a copy of this report will be provided to me. To assist BMPC in obtaining my background report, the following information is provided:

Full Name (Printed)			
Date of Birth	SSN	Driver's License #	State
Day Time Phone #	Cell Phone #		
	ous names up to and including you g each name (Include maiden nan		
			r First Used
Please list current a	ddress and all previous addresses		tes (year) at each
•	ty, State)	Year	r: From - To
Applicant Signatur	e	Date	

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