Rolling Oaks Baptist Church Children/Youth Worker Questionnaire *Ver. 1.9.04*

1	uested Position:		Application Date:			
Start	Date:	Ending 2	Date (if known):			
I agre	ee to submit to the leaders	hip of this ministry	I have ex	perience in this ministry		
Appr	roval from ministry superv	visor:		(signature)		
Appr	roval from Pastor:			(signature)		
Pers	onal Information					
FNar	me:	MName:	LNa	me:		
Jr. II	I, etc.:	Age:	Sex:	Resident State:		
Stree	et:		City:	Zip:		
Socia	al Security Number:		Birthdate:			
000	stionnaire					
Que		victed of any crime th	at involved abuse.	children or youth?		
1.	Have you ever been convicted of any crime that involved abuse, children or youth? Are you now being charged with any crime that involves abuse or violence?					
1. 2.	Have you been convicted, or are currently being charged with a felony?					
	5	ed, or are currently bein	ng charged with a l	ciony.		
2.	5	· ·	0 0	•		
2. 3. 4.	Have you been convicted If the answer to question Are you a user of illega	n 3 is yes, then what is l drugs?	s/are the charge(s)?			
2. 3. 4. 5. 6.	Have you been convicted If the answer to question Are you a user of illegat Have you, or are you cu	n 3 is yes, then what is l drugs? urrently being evaluate	s/are the charge(s)? d for any mental he	ealth problems?		
2. 3. 4. 5.	Have you been convicted If the answer to question Are you a user of illega	n 3 is yes, then what is 1 drugs? urrently being evaluate ced under church disci	s/are the charge(s)? d for any mental he ipline by any churc	ealth problems? h?		

I hereby verify and certify that the answers to this questionnaire are true and complete. I further understand that background checks may be made to verify the above and my fitness for this position. I hereby give permission to perform any background checks which may be necessary.

PRINTED NAME:	SIGNATURE:			
DATE OF SIGNATURE:				
FOR OFFICE USE ONLY: Date Submitted:	Time:	Submitter:	A	A/R: