



CLEBURNE BIBLE CHURCH
930 N. Nolan River Road, Cleburne, Texas 76033
817-641-8142 FAX 817-641-4743
cbc@cleburnebible.org



TEEN APPLICATION
Confidential

This application is for all teens, 13 through 17 years of age, after at least six (6) months of active involvement at the church, for any position involving the supervision of children. This is not an employment application. The purpose is to assist in the creation of a safe environment for children who participate in the programs of Cleburne Bible Church or use Cleburne Bible Church facilities.

Name _____ Date _____
First Middle Last

Address _____ City/State/Zip _____

Home Phone _____ Driver's License # (if applicable) _____

Social Security # _____ Date of Birth _____ Gender ___M___F

E-mail _____ Are you a regular attendee of this church? _____ If so, how long? _____

List ***all previous paid or volunteer work*** involving children. This would include all church and non-church paid or volunteer work with children. (List each church or organization's name and address, type of paid or volunteer work carried out, dates, and a contact person familiar with your work there. *Use back page of this application for more space, if necessary.*)

Name	Address	City/State/Zip	Contact Person	Job Description

List talents, preparation, training, or other experiences which have equipped you to work with children.

Because our church cares for our members and children and desires to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

Why do you want to work with children at Cleburne Bible Church?

Do you have a preference concerning the age group or gender of children or students with whom you would like to work?

☐ No ☐ Yes If yes, please explain.

What is your philosophy concerning re-direction or discipline of children?

When you are unhappy, angry, or emotional about a person or circumstances, what do you do?

Have you experienced any significant physical or emotional stress within the past year, such as the loss of a parent, extreme ill health, or any emotional or physical crisis?

☐ No ☐ Yes If yes, please explain.

Do you consider yourself to have been physically or sexually abused in the past? (This information will be kept entirely confidential.)

☐ No ☐ Yes If yes, please explain.

If you were physically or sexually abused in the past, we want you to know Cleburne Bible Church has counseling and resources available to you. Would you consider utilizing church resources to receive help in this area of your life?

☐ No ☐ Yes Please explain.

Have you ever physically or sexually abused a child?

☐ No ☐ Yes If yes, please explain.

Has someone ever accused you of abusing a child?

☐ No ☐ Yes If yes, please explain.

Please provide adult references. Include one work or volunteer reference (if available), one personal reference, and one family member. References must include at least one non-family member and one member of the opposite sex. Give complete mailing addresses, including zip codes. Please contact your references and tell them an authorized Cleburne Bible Church staff person will be contacting them to complete the application process.

PERSONAL (Friend of family, teacher, coach, neighbor)

Name		Address		
City	State	Zip	E-mail	Phone

WORK OR VOLUNTEER (if available)

Name		Address		
City	State	Zip	E-mail	Phone

FAMILY MEMBER

Name		Address		
City	State	Zip	E-mail	Phone

RELEASE

I authorize Cleburne Bible Church to contact all individuals, organizations, and references listed on this **Teen Volunteer Application Form** in order to verify the information I have provided to the church. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous volunteer or paid work.

By signing this form I certify and affirm that the information I have given on this form is true, complete, and correct in all respects.

VOLUNTEER SIGNATURE

Signature_____ Date_____

PARENT SIGNATURE

I have reviewed this application with my child and I believe all the information provided is true, correct, and complete. I am unaware of any fact or circumstance involving my child that would call into question the wisdom of entrusting my child with the supervision, guidance, or care of younger children. To my knowledge, my child has never abused a younger child.

Signature_____ Date_____

Screener_____ Date_____

