

DALLAS BAPTIST ASSOCIATION LEADERSHIP SCREENING FORM

Required for all adult leadership working with minors or persons with mental retardation

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or the mentally retarded. This is being used to provide a safe and secure environment for the activities of the Association, Camp or activity.

Church Name _____

City _____

Name _____
Last First Middle

Date _____

(Identity must be confirmed with a driver's license or other photographic identification.)

Present Address _____

DL # _____

SS # _____

City _____ State _____ Zip _____

Phone _____

Date of Birth _____

Occupation _____

Married? ☐ No ☐ Yes.

(The responses to the following questions will be kept confidential in the files of the Association.)

I. Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse?

☐ No ☐ Yes. If yes, please explain (attach a separate page, if necessary)

2. Were you a victim of sexual or physical abuse or molestation while a minor? (If you prefer, you may refuse to answer this question or you may discuss your answer in confidence with the camp or activity director. Answering "yes" or leaving this question unanswered will NOT automatically disqualify an applicant.)

☐ No ☐ Yes

Personal References (3)

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORKER'S STATEMENT

The information contained in this screening form is correct to the best of my knowledge. I authorize any references to give you any information (including opinions) that they may have regarding my character and fitness for work with minors or the mentally retarded. In consideration of the receipt and evaluation of this form by Dallas Baptist Association located at 8001 E. R.L.Thornton Freeway in Dallas,Texas 75228, I hereby release an individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form.

Should my application be accepted, I agree to be bound by the Bylaws and policies of Dallas Baptist Association and to refrain from unscriptural conduct in the performance of my services on behalf of the Association.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.This is a legally binding agreement which I have read and understand.

WORKER'S SIGNATURE

DATE

WITNESS

DATE

CRIMINAL RECORDS CHECK AUTHORIZATION

I hereby give my permission for the Dallas Baptist Association to obtain information relating to my criminal history record through the Volunteer Center of Dallas County.The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Volunteer Center of Dallas County and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

REF TO AGW _____

REF CK _____

CA _____

FILED CRH _____

COMPLETE _____ INT _____