



COUNSELOR SCREENING

Thank you for your willingness to serve as a counselor at the New England Baptist Teen Camp, a ministry of State Line Baptist Church.

Because each and every volunteer has the potential to impact children for good or for evil, we must ensure that all those participating maintain a Biblical standard of godliness in their personal behavior. We trust that you share our desire to protect the precious young people whom God has entrusted to us.

Please fill out the screening form completely, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to the form.

Completed forms must be sent in by June 1. They may be mailed to State Line Baptist Church or emailed to info@nebtc.org.

Personal Information

Full Name: _____

Social Security Number: _____ Date of Birth: _____

If you have ever used other names, such as married or maiden names, please provide below.

Name: _____ Dates of Use: _____

Name: _____ Dates of Use: _____

Are you over the age of 18? Yes No

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Spiritual Qualifications

What church are you currently attending? _____

In a brief paragraph, please describe your salvation experience.

(Counselor Screening continued)

Educational/Professional Qualifications

First aid training? Yes No Date Completed: _____

CPR training? Yes No Date Completed: _____

Background Information

1. Have you ever been **convicted of or plead guilty** to committing a crime Yes No
involving the abuse or endangerment of children?

If you answered "yes" to the above question, we regret to inform you that you are not eligible to serve in our children's ministry.

2. Have you ever been or are you currently **charged** with committing a crime Yes No
involving the abuse or endangerment of children?

If you answered "yes," please explain.

3. Have you ever been or are you currently being **investigated** by a Yes No
governmental agency for the abuse or endangerment of children?

If you answered "yes," please explain.

4. Have you ever been sued for negligence with regard to caring for or Yes No
supervising children?

If you answered "yes," please explain.

Personal References

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(Counselor Screening - Personal References continued)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Church Reference

Church Name: _____ Pastor's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

I hereby certify that the information I have provided in this application is true and complete. I authorize State Line Baptist Church to verify the information I have provided on this application by contacting the references, and churches I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In consideration of the receipt and evaluation of this application by State Line Baptist Church, I hereby release any 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 compliance or any attempts to comply, with this authorization.

Should my application be accepted, I agree to abide by and be bound by the policies and the moral and spiritual teaching of New England Baptist Teen Camp, a group sponsored by State Line Baptist Church, and to refrain from unscriptural conduct in the performance of my duties on behalf of the New England Baptist Teen Camp, State Line Baptist Church, and its ministries.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omission or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given my position.

Signature of Applicant: _____ **Date:** _____

Witness: _____ **Date:** _____