



# Background Information Form

## Children & Youth Workers

Full Legal Name		Former and/or Maiden Name(s)		Home Phone		Cell	
Street Address			City			State	Zip
<b>CHURCH HISTORY</b> How long have you attended Elizabethtown BIC Church? _____ Are you a member of Elizabethtown BIC Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you a member/regular attendee of another church? <input type="checkbox"/> Yes <input type="checkbox"/> No CHURCH NAME: _____ Names & addresses of all other church that you have attended over the past 5 years:						Area(s) looking to serve with: <input type="checkbox"/> YOUTH (JR. HIGH) <input type="checkbox"/> YOUTH (SR. HIGH) <input type="checkbox"/> SUNDAY SCHOOL (ELEMENTARY) <input type="checkbox"/> ROCK (K-3) <input type="checkbox"/> ROCK (4-6) <input type="checkbox"/> NURSERY <input type="checkbox"/> KIDS' PLAYHOUSE <input type="checkbox"/> CHOIRS <input type="checkbox"/> MUSIC & MOTIONS <input type="checkbox"/> IMPRINT (AFTER SCHOOL) <input type="checkbox"/> IMPACT (AFTER SCHOOL) <input type="checkbox"/> SPECIAL NEEDS BUDDY <input type="checkbox"/> ESL <input type="checkbox"/> _____	
Church name(s)		City/State					
Church name(s)		City/State					
Church name(s)		City/State					
List your current involvement in any church-sponsored or independent Bible study, small group, fellowship group, prayer group, or other group to which you hold yourself accountable:							
<b>PRIOR EXPERIENCE</b> Please describe your current or previous church/volunteer work (especially with children and youth):							
Church/organization		Work					
Church/organization		Work					
Church/organization		Work					
Church/organization		Work					
Please share your reason for applying for service:							
<b>PERSONAL INFORMATION</b> We ask the following questions to everyone serving in congregational ministry with children and youth. Please answer them in a spirit of cooperation, knowing you are helping our effort to protect children, youth, and workers.							
Do you wrestle with inappropriate sexual or aggressive feelings towards children or youth?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever committed any abuse-related or sexually-related offenses?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes" to any of these questions or if you struggle with issues related to abuse or sexuality, we would be available to assist you in seeking help.							
<b>WORKER/VOLUNTEER'S ROLE AS A MANDATED REPORTER OF CHILD ABUSE</b> By PA state law, an individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child is identified as a <i>mandated reporter</i> .							
Have you received prior training on how to report child abuse?						<input type="checkbox"/> Yes Date ___/___/_____ <input type="checkbox"/> No	
If yes, do you understand & agree to follow through with the responsibilities of your role as a mandated reporter of child abuse?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCE CHECKS***Please provide two references (non-family members):*

Name	Address	State/Zip
	Phone	Email
Name	Address	State/Zip
	Phone	Email

**FOR PAID EMPLOYEES ONLY**

Are you legally eligible for employment in the United States? (documentation will be required upon employment)  Yes  No

**AUTHORIZATION**

- The information contained in this application and any submitted clearance forms is correct to the best of my knowledge.
- I hereby authorize Elizabethtown BIC Church and/or its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes. I understand that the scope of the report may include:
  - verification of social security number (paid employees only)
  - civil or criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions
  - reference checks from individuals or churches
- I authorize any references or churches listed in this application to provide information. I hereby release and agree to hold harmless from liability any person or organization that provides that information.
- I also agree to abide by the EBIC Children and Youth Protection Policy.

Signature	Date
(If under age 18) Parent signature	Date

**Elizabethtown Brethren in Christ (BIC) Church** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information.

**ALL PAPERWORK** should be returned to **AMBER STEPHENS (OFFICE ADMIN STAFF)** by any of these methods:

- A sealed envelope to the church office dropbox
- Completed/scanned to [childrensadmin@etownbic.org](mailto:childrensadmin@etownbic.org)
- Mailed to EBIC Elizabethtown BIC Church, 996 E High St, Elizabethtown PA 17022

**QUESTIONS?** Call or email the church office at 717.367.2651 | [office@etownbic.org](mailto:office@etownbic.org)