

# Clinic For The Cities

Team Member Application



## Team Member Application

Application Date: \_\_\_\_\_

Volunteer role: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_ Gender: ( ) Male ( ) Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Single Engaged Married Widowed Separated Divorced

If Married, Spouse's Name: \_\_\_\_\_

### Church Information

Do you regularly attend a local church? ( ) Yes ( ) No Church name: \_\_\_\_\_

Please give the name of your Growth Group leader and how long you have attended: \_\_\_\_\_

Check one and complete the requested information:

Member since \_\_\_\_\_ (month/yr) and have attended since \_\_\_\_\_ (month/yr).

Regular attendee and active in church since \_\_\_\_\_ (month/yr) and anticipate church membership \_\_\_\_\_ (month/yr).

### References

List your Pastor or another church leader (Deacon, Ministry Leader or Mission Leader) of your church who knows you and could best serve as a reference.



Background Screening Consent Form

COMPLETE ALL INFORMATION, SIGN AND DATE (in areas left blank, print N/A)

I, \_\_\_\_\_, hereby authorize First Baptist Wylie and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with FBW.

I release First Baptist Wylie and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME (Printed) \_\_\_\_\_

MAIDEN NAME or OTHER NAMES USED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW Long at Previous Address? \_\_\_\_\_

List all states and counties of residence since turning age 18 \_\_\_\_\_

Circle any of the following states in which you have lived CA, CO, DE, LA, MA, SD, VT, WV, WY

If you have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense, excluding minor traffic misdemeanors; please explain in writing on back of this page, or inform the minister requiring background screening consent.

If you have ever received deferred adjudication or similar disposition for any federal, state or municipal offense; please explain in writing on back of this page, or inform the minister requiring background screening consent.

DRIVER'S LICENSE NUMBER \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT

By my signature above, I authorize FBW to request background screening as needed, until I revoke my consent in writing.

\*NOTE: This information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. FBW abides by all applicable state and federal employment laws.

OFFICE USE ONLY:

MINISTRY AREA REQUESTING BACKGROUND SCREENING:

Administrative \_\_\_\_\_ Signed & Dated Consent Form Date: \_\_\_\_\_
Preschool \_\_\_\_\_ Background Check Completed Date: \_\_\_\_\_
Children \_\_\_\_\_ By: \_\_\_\_\_
Youth \_\_\_\_\_ Follow-up Required Yes No Reviewed By: \_\_\_\_\_
Missions \_\_\_\_\_ 2 Year Run Date Yes No Date: \_\_\_\_\_