

Please make sure all of these boxes are checked off before turning your background check into your ministry leader.

Background Checklist:

- I have filled all information out accurately and completely (no blanks).
- I meet the six month attendance requirement/membership requirement. The following exceptions might apply to the six month attendance requirement if a volunteer worker:
 - has served in a ministry working with children for 6 months at a prior church before coming to PVBC
 - can provide a copy of current background check documents that are on file at the former church if applicable
 - can provide a reference from the staff person with whom he/she worked at that church
 - is an Awana volunteer. An Awana volunteer can attend another church as long as they provide the needed current background check documents from that church and obtain a staff reference from the church they attend
 - If a volunteer is applying for a short-term position (3 months or less) such as: Upward Sports, PraiseKids or going on a mission trip, they must provide references from people who have observed them working with children and/or youth.
 - All other background screening requirements detailed in the Child Worker Protection Manual must be completed.
- I have provided my references that are not **Pleasant Valley staff, friends or relatives** . *Acceptable references: Community Group members, ministry co-workers, workplace co-workers, past or present employers.*
- I have provided email addresses, phone numbers and addresses for all of my references.
- I have read the Children Worker's Manual in its entirety.
- I have filled out all forms (Background Check + DFS) and have signed and dated the application.
- I have attached a current copy of my driver's license.

Pleasant Valley Baptist Church

Liberty, Missouri

Application for Persons Who Work with Children and Youth

This application is to be completed by all persons wishing to serve in any position with Pleasant Valley Baptist Church that involves working with children and youth. The intent of this application is to help the church provide a safe and secure environment for young people who participate in any of our programs. **A current copy of your Driver's License is required to process the application, please include.**

Date _____ Date of Birth _____

Full Name _____

Address _____
Last First Middle (County)

Social Security # _____ DL# (if different) _____
City State Zip

Home Telephone _____ Work Telephone _____ ext. _____

Have you been convicted of a crime other than a minor traffic violation or are charges pending at the present time? ___ No ___ Yes If yes, please indicate the date and nature of the offense:

Are you currently under investigation or have you ever been investigated by the Division of Family Services (or any other social service agency) for child abuse and/or neglect or any criminal activity involving a minor? ___ No ___ Yes If yes, please indicate the date and nature of the record:

Are you a member of Pleasant Valley Baptist Church? ___ No ___ Yes Date joined _____

How long have you attended Pleasant Valley Baptist? _____

If you have attended less than six months, please use prior church staff person as one of your references on the following page.

List the name, city, and state of other congregations you have attended regularly during the past five years:

In what **specific area** do you wish to serve as a volunteer in our church? _____

List any previous experience you have had working with children: _____

*****For Office Use Only*****

Ministry area _____ Submitted by ministry leader _____

_____ Meets 6 month attendance requirement or waiver Date Received _____

_____ Application complete Youth (Under 18) _____ Adult _____

_____ Acceptable references

(over)

REFERENCES

Preferred references are leaders of volunteer or church organizations in which you have served or employers or co-workers. **Please do not use friends, relatives or PVBC staff. Please fill out completely.** References will be contacted by email if possible.

Name _____

Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone _____

Telephone _____

Email _____

Email _____

Relationship _____

Relationship _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Relationship _____

APPLICANT'S STATEMENT

I authorize any references or churches listed in this application to give you any information, *including my prior volunteer screening documents* that they may have regarding my character and fitness for work with children and youth. I release all such references from any liability for any damage that may result from furnishing such evaluations to you excepting only the communication of knowingly false information. I further authorize PVBC to conduct a full background check through any service it chooses.

Please check one of the following:

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 application.

I **do not** waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I have received and read the Child and Worker Protection Manual of Pleasant Valley Baptist Church, Liberty, Missouri, and agree to abide by it.

I hereby certify that the above information provided by me is true and correct to the best of my knowledge.

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND THE DFS FORM.

Applicant's Signature: _____

Date: _____

Approved: _____

Date: _____

Ministry

Administrator's Signature

1/18/2012

Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check only one) See reverse side for further instructions. <input type="checkbox"/> (1) Name Search - \$5.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (2) Fingerprint Search - \$14.00 (Criminal record, offender registry, and child abuse search) <input type="checkbox"/> (3) DFS Central Registry Child Abuse Search Only - No Charge	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)				
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /	
ADDRESSES FOR PAST 5 YEARS				
STREET	CITY	STATE	STREET	CITY

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> DFS CONTRACT PROVIDER
<input type="checkbox"/> DFS LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)
 Complete your mailing label below
 Confidential Mail

AGENCY NAME PLEASANT VALLEY BAPTIST CHURCH
ATTENTION CAROL MCCLURE
ADDRESS 1600 NORTH 291 HIGHWAY
CITY, STATE, ZIP CODE LIBERTY, MISSOURI, 64068