

VOLUNTEER BACKGROUND SCREENING FORM (STUDENT)

Date: _____ Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

School Name: _____ Grade: _____

Parent(s)' Name(s): _____

Parent(s)' Phone Number(s): _____

Parent Signature: _____ Date: _____

OPTIONAL QUESTION:

If you have a medical condition that might require emergency attention, please list condition and emergency contact with phone number: _____

Please check the ministry area(s) you are planning to work with:

Fellowship NWA (Sunday AM)	Fellowship Mosaic	Fellowship Fayetteville	Celebrate Recovery	Other
<input type="checkbox"/> Early Childhood <input type="radio"/> Infants <input type="radio"/> Toddlers <input type="radio"/> Preschool	<input type="checkbox"/> Little Mo's <input type="radio"/> Infants <input type="radio"/> Toddlers <input type="radio"/> Preschool	<input type="checkbox"/> FayetteKids (Birth–PreK)	<input type="checkbox"/> Celebration Place	<input type="checkbox"/> AdventureLand/ Kid's Time
<input type="checkbox"/> K-2 Town	<input type="checkbox"/> KidMo123	<input type="checkbox"/> FayetteKids Elem (K-6)	<input type="checkbox"/> The Landing	<input type="checkbox"/> One-2-One
<input type="checkbox"/> Highway 34	<input type="checkbox"/> Mosaic45	<input type="checkbox"/> FSM Fayetteville		<input type="checkbox"/> Recess
<input type="checkbox"/> Fifty6	<input type="checkbox"/> Jr High (6–8)	<input type="checkbox"/> Host Home (FSM)		<input type="checkbox"/> _____ _____ _____
<input type="checkbox"/> FSM (Jr/Sr High)	<input type="checkbox"/> Sr High (9–12)			
<input type="checkbox"/> Host Home (FSM)	<input type="checkbox"/> Townhouse Host Home			

In order to protect our children and staff from potential problems, we review and screen all applicants. Please take a moment to fill out the following information for our records:

1. Please provide the name, phone number and/or email address for **one non-related character reference** from Fellowship Bible Church of Northwest Arkansas. This should be a staff member or someone who attends regularly.

Please provide the name, phone number, and/or email address of **one institutional reference** that is not related to you. This should be an adult that you have worked with in a church, ministry, or other organized activity (such as a coach, teacher, etc.). This person should have knowledge of your interactions with children or youth.

2. What specific age (grade) or ministry would you prefer to work with? _____
3. For ministries on Sundays and Saturdays, what hour do you plan to serve? _____
4. Are you actively participating in a Fellowship small group for your age group? Yes No
5. If so, who is your small group leader? _____

Updated 4/2016; KO