



Indiana Conference of Seventh-day Adventists

**PO Box 1950
Carmel, Indiana 46082-1950
Phone: 317-844-6201
Fax: 317-571-9281
www.indianaadventist.org**

For School Use
Date Received: _____
Circle One: LBC FBC
School's County: _____

Confidential Employee and Volunteer Screening Application

First Name _____ Middle Name _____ Last Name _____ Name of School in Which You Will Volunteer/Work _____

Have you gone by any other names? Yes No If yes, what other name(s)? _____

Your Home Address _____ City _____ County _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____ E-Mail _____

Social Security Number _____ Driver's License Number _____ State _____ Your Date of Birth _____

Name of the Local Church You Attend _____ How Long Have You Attended There? If less than 6 months you must prepare 3 reference forms. _____ Pastor's Name _____ Pastor's Phone Number _____

Highest Degree of Diploma Held _____ Year Received _____ School Granting It _____ College Major(s) and Minor(s) _____

Please describe your three most recent work and volunteer experiences:

Position/Type of Work _____ Name of Employer _____ Supervisor's Name _____ Supervisor's Phone Number _____

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Have you ever been accused, charged or disciplined for any crime (other than a traffic violation) or any form of unlawful sexual conduct, child abuse or child sexual abuse? Yes No If yes, please attach a detailed explanation of all relevant information.

Please carefully read and initial each of the following statements to indicate that you both understand and agree with the requirement:

- _____ 1. If I become a volunteer I will receive no remuneration (including denominational service credits, fringe benefits, or workman's compensation) for my service and time.
- _____ 2. If I might transport students in my vehicle I will include a copy of my driver's license and insurance policy with this application. I will ensure each child wears a seatbelt and will observe all other safety and traffic laws.
- _____ 3. I will make every reasonable effort to ensure all my dealings with children are in public or group settings. I will make every reasonable effort to never be alone and in private with one child (other than my own child).
- _____ 4. In my work as a volunteer or employee, I will never strike, spank or hit a student. Any physical contact with minors will be appropriate and legal. I will treat all children and adults with unfailing respect, courtesy and kindness.
- _____ 5. I agree to abide by all guidelines and standards set forth in the Adventist Church Handbook, the K-12 Board of the Indiana Conference of Seventh-day Adventists, and this school's handbook.
- _____ 6. I have no injuries, illnesses, physical or psychological conditions that will adversely limit my performance as a volunteer/worker.

By my signature affixed below I verify that all of the information provided in this application is, to the best of knowledge, accurate.

Your Signature: _____ Date: _____