

# Missouri Baptist Children's Home Volunteer Data Sheet

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the US? Yes  No

Have you ever been convicted of, or have you entered a plea of guilty or nolo contendere, to any felony or misdemeanor criminal charge, including one in which you received a suspended imposition sentence, suspended execution of sentence or any period probation or parole? Yes  No

If yes, explain:

Have you had a "finding" for child abuse or neglect from a local or state child welfare agency? Yes  No

If yes, explain:

Education (check highest level completed)

High School

College

Graduate School

If college/graduate school graduate, list school attended and major.

Name/Address of College	# of Years Attended:	Major:
		Degree Recieved:

Current Work/Occupation

Current or Most Recent Employer

List any previous volunteer experience:

List your skills and indicate proficiency level Skilled Competent Amateur

1. \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_
4. \_\_\_\_\_ / \_\_\_\_\_

Are you licensed to drive? Yes  No  Class (type) of License: Operator  Chauffer  Other:  State: \_\_\_\_\_

Availability: (Check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

No Preference

Time of Day:  8:00A-10:00A  10:00A-12:00P  12:00P-2:00P  2:00P-4:00P  4:00P-6:00P  Evenings

References (Please include one reference from a church leader where you presently attend and three personal references (friend, co-worker, church member, relative, etc.)

Church you presently attend

Are you a member? Yes No

Name Title Phone:

Address City: State: Zip: Email:

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Name Relationship: Phone:

Address City: State: Zip: Email:

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Name Relationship: Phone:

Address City: State: Zip: Email:

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Name Relationship: Phone:

Address City: State: Zip: Email:

Emergency Notification

Name Relationship: Phone:

Address City: State: Zip: Email:

I hereby affirm that my answers to the foregoing questions are true and correct. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I consent to a criminal record review conducted by the State Highway Patrol or other appropriate law enforcement agency. I further consent to a check with the Child Abuse and Neglect unit or other appropriate agency.

I hereby grant permission for any employer (current or previous), friends, pastors and any other reference to disclose and deliver to Missouri Baptist Children’s Home information pertaining to me. The information to be disclosed and delivered includes but is not limited to my work performance, my personal lifestyle and habits, and any other relevant information that will be pertinent to MBCH. This authorization also includes authority to copy any and all such records. I promise all persons to whom inquiry may be made that I will not bring suit against them for providing information regarding my character, employment history, or any other information about me. I also understand that a copy of this release is as valid as the original document. This authorization is continuing in nature and is to be given full force and effect to release information of any of the foregoing learned or determined after the date hereof.

Signature \_\_\_\_\_  
Date

Missouri Baptist Children’s Home is a ministry operated under the direction of a board of trustees elected by the Missouri Baptist Convention. Its purpose is to provide Christ-centered ministry for children and their families. Anyone volunteering with MBCH is expected to be a role model for the children under MBCH’s care and for their families. Therefore, volunteers are expected to exhibit values in their professional conduct and personal lifestyles which are consistent with the Christian mission and purpose of the institution.