



## **Armuchee Bible Fellowship Safety Screening Packet**

Dear Ministry Applicant,

Thank you for your interest in serving in a ministry at Armuchee Bible Fellowship. A primary value of our ministries is providing a safe environment for others to come to know Jesus and develop a relationship with Him. Among the things we do to ensure this is ask that each volunteer be safety screened and approved prior to serving.

ABF has also developed safety policies to protect our young people who, because of their vulnerability, might be exposed to inappropriate contact and behavior. These policies are also in place to help protect you as a worker from situations that could put you at risk, including false accusations.

Our safety screening process is a critical and required step for all volunteers who may or may not be working directly with minors. It involves your authorization for a designated representative of Armuchee Bible Fellowship to perform an extensive criminal background and personal reference check. Please know that all information is held in the highest confidence. This process must be completed to our satisfaction prior to your approval to serve.

Please read the enclosed child safety policies then complete and sign all forms (front and back). Upon completion please return all forms to:

Armuchee Bible Fellowship  
Attention: Safety Screening – Confidential  
98 North Drive  
Armuchee, GA 30105

You will be notified should further questions arise, or upon completion of the process. Thank you for your willingness to impact the lives of others through your involvement.

Sincerely,

David Ogden  
Pastor for Preaching and Vision  
Armuchee Bible Fellowship  
98 North Drive  
Armuchee, Ga. 30105

**Safety Screening Application**

This application is to be completed by all applicants for any position (volunteer or paid) at Armuchee Bible Fellowship. It is being used to help Armuchee Bible Fellowship provide a safe and secure environment for all who participate in our programs and use our facilities. It should be placed in a sealed envelope and returned to Armuchee Bible Fellowship, Attention: Confidential Safety Screening.

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Please list all states and counties of residence since turning age 18: \_\_\_\_\_

Other Names Previously Used (including nicknames, alias, maiden, previous married names, etc.) \_\_\_\_\_

List churches you have attended regularly in the past five years and all previous church ministry (include church names, phone numbers, dates and details about the work):

List previous non-church work experience you have that relates to the position for which you're applying (include organization names, phone numbers, dates and types of work):

List any gifts, callings, training, education or other factors that have prepared you for working in a ministry:

I am interested in working in the following ministry areas:

I am an Armuchee Bible Fellowship Church member: Yes / No / In membership process

I am a regular Armuchee Bible Fellowship: Yes / No                      How long/often? \_\_\_\_\_

Please provide **two** adult references who are **not** family members. If you are applying to work with children or youth, please make sure your references can comment on their observations in that area.

**Reference #1**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

**Reference #2**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

*I understand that my signature below grants permission to ABF, its agents and any person or entity to provide information or hold discussions in regards to investigating or obtaining information which may be material to my qualifications for service now, and if applicable, during the tenure of my employment or service with ABF. I hereby certify that all information I have provided on the pages of this application is true, correct and complete. I understand that any false information or omission may disqualify me from further consideration and could result in my removal if discovered at a later date.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Safety Statement of Agreement**

I agree with the need to provide a safe place for people of all ages when involved in ministries and activities at Armuchee Bible Fellowship. I have reviewed the Armuchee Bible Fellowship Child Policy at the beginning of this packet and I understand and agree to comply with it.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_

## Confidential Safety Screening Form

This page is to be completed by all volunteer applicants for any position, and paid positions involving the supervision or custody of minors. It is being used to help Armuchee Bible Fellowship provide a safe and secure environment for children and youth who participate in our programs and use our facilities.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work /Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

- 1) Have you **ever** been the subject of an investigation concerning any sex-related crime? YES / NO
- 2) Have you **ever** been the subject of an investigation concerning child abuse or neglect? YES/ NO
- 3) Have you **ever** had problems with drug or alcohol abuse? YES / NO
- 4) Have you **ever** been convicted of a crime except a minor traffic violation? YES / NO
- 5) Have you been arrested for a crime for which there has not yet been an acquittal/dismissal? YES/NO
- 6) Have you had recurring mental health issues, psychiatric care or hospitalizations? YES / NO
- 7) Have you **ever** or are you currently taking any psychotherapeutic medications? YES / NO
- 8) If you have been diagnosed with any of the following, please circle: Hepatitis, HIV, Tuberculosis.

List any other chronic communicable disease if applicable: \_\_\_\_\_

If you answered YES to any of the above questions, please use the back of this page to explain.

- 9) Have you **ever** experienced physical or sexual abuse? YES / NO  
*(Answering yes or leaving this question unanswered will not automatically disqualify you from working with children and youth.)*

I hereby certify that all information provided and questions answered above are true. Further, by signing below, I release Armuchee Bible Fellowship and its agents from any liability or claims concerning the information and questions on this page. I have read, agree with, and understand the paragraph at the top of this page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Background Screening Consent**

**Note: This consent does not apply to applicants who are under the age of 18.**

By signing below, I hereby authorize Armuchee Bible Fellowship and/or its agents to make an independent investigation which may include some or all of the following: background, references, character, past employment, education, adult criminal or police records, SSN trace and motor vehicle records. I understand that this information will be used for the purpose of confirming the information contained on my Safety Screening application and/or obtaining other information which may be material to my qualifications for employment and/or service now and, if applicable, during the tenure of my employment or service with Armuchee Bible Fellowship

Further, I release Armuchee Bible Fellowship and/or its agents and any person or entity which provides information obtained pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all referenced sources used. I understand that by signing below, I give permission to release all answers and information obtained as a result of the Safety Screening process to a pastor on staff for review or a follow-up interview if determined necessary.

Lastly, I certify that the information I have provided below is true and correct.

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

D.O.B. \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Issue \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_