

**-- CONFIDENTIAL --**

**-- FOR AUTHORIZED PERSONNEL ONLY --**

**Clifford Baptist Church**

**Children and Youth Leader Application**

635 Fletcher's Level Road, Amherst, VA 24521  
Phone: 434-946-0555, Fax: 434-946-1213  
Email: cliffordbaptist@cliffordbaptist.org

This application is to be completed by all applicants for any position involving the supervisory capacity over children or youth. It is intended to assist our church family in providing a safe and secure environment of all children and youth that participate in our classes/activities/programs and use our facilities.

Full Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please provide, in full, any other names you have used: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
Street

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair Color \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

On what date would you be available to begin: \_\_\_\_\_

What is your minimum length of commitment: \_\_\_\_\_

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**Children and Youth Leader Application (page 2)**

1. Have you ever been convicted of a criminal offense as an adult (felony or misdemeanor, except minor traffic violations)?

Yes       No

If you answered yes, please attach a statement of explanation including the nature of the offense, date, court where the conviction was entered, and any other relevant information.

2. Have you ever been charged with or convicted of any sexually related crime?

Yes       No

If you answered yes, please attach a statement of explanation including the offense, date, jurisdiction of the charge, and any other relevant information.

3. Have you ever been charged with or convicted of any crime of violence?

Yes       No

If you answered yes, please attach a statement of explanation including the nature of the offense, date, court where the conviction was entered, and any other relevant information.

4. Have you ever been charged or convicted of any offense against a child or youth?

Yes       No

If you answered yes, please attach a statement of explanation including the nature of the offense, date, court where the conviction was entered, and any other relevant information.

5. Are you subject to a legal protective order currently in effect?

Yes       No

If you answered yes, please attach a statement of explanation including the protected persons, date of expiration, and any other relevant information.



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**Children and Youth Leader Application (page 4)**

**Applicant's Statement**

I certify that I have read and reviewed the Clifford Baptist Church Child Abuse Prevention Policy and Child Abuse Reporting Procedures.

\_\_\_\_\_  
Initial

I understand that during my period of service if my answers to questions 1-6 above change, I will notify one of the Pastors immediately.

\_\_\_\_\_  
Initial

The information contained in the application is correct to the best of my knowledge. I authorize Clifford Baptist Church to conduct a criminal background investigation concerning my personal life, history, record and suitability for service. I authorize references listed in this application to provide information that may have regarding my character and fitness for working with children and youth. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf.

\_\_\_\_\_  
Initial

Should my application be accepted, I agree to be bound by the bylaws, policies and procedures of this church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

\_\_\_\_\_  
Initial

I further state that I have carefully read the foregoing release and know the content thereof and I sign this release of my own free act. This is a legally binding agreement that I have read and understand.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT**

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

Clifford Baptist Church  
635 Fletchers Level Road  
Amherst, VA 24521  
Attn: Dwayne Tuggle

FBI NO. FBI

CLASS

REASON FINGERPRINTED

Child/Youth Volunteer

ARMED FORCES NO. MNU

REF

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

### APPLICANT INFORMATION FORM

**PRIVACY ACT STATEMENT**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

**Applicant Information \* Denotes Required Fields**

*Last Name	
*First Name	
Middle Name 1	
Middle Name 2	
*Date of Birth	
Last Four Digits of Social Security Number	

**Applicant Home Address**

*Address			
*City		*State	
*Postal (Zip) Code			
*Country			
Phone Number			
E-Mail			

U.S. Citizen or Legal Permanent Resident      Yes       No   
 Country of Citizenship: U.S.      Country of Residence: U.S.

**Mail Results to Address**

C/O	CLIFFORD BAPTIST CHURCH	ATTN	DWAYNE TUGGLE
Address	635 FLETCHERS LEVEL ROAD		
City	AMHERST	State	VA
Postal (Zip) Code	24521	Country	U.S.
Phone Number (if different from above)	(434) 946-0555		

**Payment Enclosed** (please check appropriate box)  
 CASHIER'S CHECK       MONEY ORDER       CREDIT CARD FORM

Number of Copies 1 X \$18 per Copy = Total Payment of \$ 18.00 Enclosed

Reason for Request CHILD / YOUTH VOLUNTEER CHURCH WORKER.  
(ADULT WORKING WITH CHILDREN)

\*APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.*