



CHILD & YOUTH WORKER INFORMATION SHEET
Bethany Bible Fellowship Church



This form is to be completed by any person seeking to volunteer in any position involving the supervision of or care for minors.

Please print and submit to Nancy Marshall or Chris O'Connell.

Name

\_\_\_\_\_  
Last First Middle

Address

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

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you profess to have a relationship with Jesus Christ? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a member of Bethany Bible Fellowship Church? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you read Bethany Bible Fellowship Church's Child Protection Policy and are you willing to follow all procedures outlined within it? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you completed the following background checks as required by Bethany Bible Fellowship Church's Child Protection Policy and the State of Pennsylvania?

- 1. PA Child Abuse History Clearance (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No
2. PA Criminal Record Check (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No
3. FBI Fingerprint Check OR signed Disclosure Statement (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you completed mandated reporter training? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please attach certificate to this form OR fill out the information below:

Date Completed: \_\_\_\_\_ Organization: \_\_\_\_\_

(Note: We strongly recommend completing this training. https://www.ilookout.org/login)

By signing below, I declare that all the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature Clearly Print Name Date

If the volunteer is under 18, please provide your birthday and a parent's signature.

\_\_\_\_\_  
Parent's Signature Birthday