

## 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	Middle		
Address					
Street		City	State	Zip	
E-mail Address:	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 Bethar	ny Bible Fellowship Chu	urch's Child Prote	ction Policy and are	you willing to fo	llow all
procedures outlined within it? (check one)				Yes	No
	the following backgrou the State of Pennsylva	•	uired by Bethany Bib	ole Fellowship Cl	hurch's Child
1. PA Child Abuse History Clearance (check one)				Yes	No
				Yes	
3. FBI Fingerprint Check <b>OR</b> signed Disclosure Statement (check one)				Yes	No
Have you completed mandated reporter training? (check one)				Yes	No
If yes, please attach c	ertificate to this form <b>(</b>	<b>DR</b> fill out the info	ormation below:		
	Organiza				
(Note: We	strongly recommend c	ompleting this tr	aining. <u>https://www</u>	<u>ilookout.org/log/log/log/log/log/log/log/log/log/lo</u>	<u>gin</u> )
By signing below, I de	clare that all the above	e information is tr	ue to the best of my	y knowledge.	

Signature

**Clearly Print Name** 

Date

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