GOSPEL WAY
BAPTIST CHURCH

Volunteer Background Check

Name: _____

First **Middle** **Last** **Maiden**

Gender: Male / Female

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____

Phone Number: _____

Email : _____

SS #: _____

I hereby give consent and authorize Gospel Way Baptist Church to search the files of Criminal Records for a criminal history.

_____

Signature of Person

_____

Printed Name of Person

Children/Youth Protection Agreement

This statement of agreement is to acknowledge that I have received a copy of the Prevention of Children and Youth Abuse Policy on the date shown below. I understand that it provides guidelines and important information regarding the children and youth ministries of Gospel Way Baptist Church. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the guidelines that have been established.

I further understand the Gospel Way Baptist Church reserves the right to modify, supplement, rescind, or revise any of these guidelines from time to time, with or without notice, as they deem necessary or appropriate.

Worker's Name (Please Print)

_____

Worker's Signature

Date_____

Note: This agreement will be filed in the worker's file.