



# Ministry Application

Confidential Information

This application is to be completed by those desiring to be involved in a Sarasota Baptist Church Mission Trip. It is used to assist the church in providing a safe environment for the minors who participate in our trips. Please read carefully and answer all questions. Incomplete applications will be returned to you with a request for the missing information.

Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ If less than 5 years, put previous address below

Previous address: \_\_\_\_\_ Number of years \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Male  Female If under 18, names of parents: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone \_\_\_\_\_

How long have you attended Sarasota Baptist Church: \_\_\_\_\_ Have you taken the Discovery Class? \_\_\_\_\_

Are you a member? \_\_\_\_\_ Are you involved in a small group? \_\_\_\_\_ If yes, what group? \_\_\_\_\_

Please give **complete mailing information** for two personal references (Must be at least 18 years old and not related to you)

### Reference #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State zip

Phone: \_\_\_\_\_

### Reference #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State zip

Phone: \_\_\_\_\_

Staff Use: References Sent: \_\_\_\_\_ Date \_\_\_\_\_ References Returned #1 \_\_\_\_\_ #2 \_\_\_\_\_ Interview Conducted: \_\_\_\_\_ Initials & Date

# Sarasota Baptist Church

www.Sarasotabaptist.com \* Phone (941) 922-149 \* Fax (941) 922-9421

Proctor Road \* 7091 Proctor Road \* Sarasota, FL 34241

Lakewood Ranch \* 5600 Deer Drive \* Sarasota, FL 34240

## Your Testimony:

1. Do you believe that the Bible is the infallible Word of God?  Yes  No  I have questions

2. Are you confident that when you die you will spend eternity with God in heaven?

Yes, I am confident:  No, I am not confident.

If you said yes, why are you confident? On what is your confidence based? \_\_\_\_\_

---

---

---

---

3. Briefly describe your spiritual history and where you are now in your relationship with God. \_\_\_\_\_

---

---

---

---

---

---

---

**Your Experience:** List any leadership/volunteer experience that you have had with minors: \_\_\_\_\_

---

---

**Your Ministry:** List any other Sarasota Baptist Church ministries in which you are involved: \_\_\_\_\_

---

---

**Your Background:** The information requested below is needed to providing a safe and secure environment for minors. A positive response does not necessarily prohibit you from serving but does create the need for additional information.

- Yes  No Have you had any experiences that might make it difficult to minister to children?
- Yes  No Have you ever been accused or convicted of the use or sale of illegal drugs?
- Yes  No Have you ever used illegal drugs?
- Yes  No Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse?
- Yes  No Have you ever been charged with a misdemeanor?
- Yes  No Have you ever been convicted of or plead guilty or Nolo Contendre to a crime?
- Yes  No Were you the victim of abuse or molestation as a minor?
- Yes  No Are you engaged in any conduct that is contrary to the teachings of the Bible?
- Yes  No Do you have any health issues that could place the children of Sarasota Baptist Church at risk?
- Yes  No Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decrees of settlements?

If you answered yes to any of the questions above, please explain briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Are you willing to be fingerprinted for a police background check?

For a background check we need: Social Security #: \_\_\_\_\_ Driver's License # \_\_\_\_\_

**Your Statement:**

The information contained in this application is correct to the best of my knowledge. I hereby authorize Sarasota Baptist Church to verify the information contained in this application. I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including records custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the By-Laws and policies of Sarasota Baptist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_