



## Briar Hill Baptist Church Volunteer Application

Name	_____		
Address	_____		
City, ZIP	_____		
Home Phone	Work	Cell	_____
E-mail	Date of Birth		
Occupation	_____		
Employer	_____		
Family (Spouse name)	Children's Names/Ages		
Hobbies, Skills, Talents, Spiritual Gifts	_____		
	_____		

Name of ministry you are applying for?

Have you completed Membership Information Class and committed to church membership?  **Yes**  **No**

Have you been Baptized by immersion  **Yes**  **No**

Have you been involved Briar Hill Baptist Church for a minimum of 3 months?  **Yes**  **No**

Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse?  **Yes**  **No** ☺ **IF you are volunteering for ages under 18 please complete other side.**

If yes, please explain. (Please attach additional information on separate page, if necessary.)

Please tell us when and how you invited Christ into your life to become your Lord and personal savior.

Previous Church Leadership Experience and Name of Church, City and State

Signature and Date

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If you have any additional questions, please contact the Volunteer Central  
at sjohnson@fbcbrandon.com. Thanks for your willingness to serve!

***"Each one should use whatever gift he has received to serve others,  
faithfully administering God's grace in its various forms." - 1 Peter 4:10***

**Briar Hill Baptist Church  
Background Screening General Release Form**

Volunteer applicant should complete all relevant information and sign and date the form.

The purpose of this form is to notify you that an investigation report will be conducted on  
you in the course of consideration for this request:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_

**OPTIONAL** Social Security Number: \_\_\_\_\_

**OPTIONAL** Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Present Address \_\_\_\_\_

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

How Long at Present Address? \_\_\_\_\_

Please list your last seven years of residence (Include city and state).

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

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In connection with this request, I hereby authorize all corporations, employers, education institutions, law  
enforcement agencies, city, state, county, and federal courts, military services and persons to release information  
they may have about me to the person or company with which this form has been filed or their agent, Clear  
Investigative Advantage, LLC. This releases the aforesaid parties from any liability and responsibility for collecting  
any information.

Volunteers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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