

Registration Form for Children/ Youth Workers & Volunteers
Wellford Baptist Church
235 Syphrit Road, Wellford, SC 29385 Phone: 864-439-8741
www.wellfordchurch.org

Please fill out front and back of form.

This form is to be completed by all persons (volunteer or compensated) who are involved with the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for children and youth who participate in our programs and use the facilities. It is also designed to safeguard responsible adults working with children and youth.

CONFIDENTIAL: This application will be treated as confidential. Only authorized persons will have access to this information.

Date: _____

Name:

Last

First

Middle

Street address _____

City _____ State _____ Zip _____

Date of Birth: _____ Phone Number: _____

Social Security Number : _____

How long have you lived at the present address: _____

Please list previous address if you have been at your current address less than one year :

How long did you live at your previous address? _____

Are you a member of Wellford Baptist Church? () Yes () No

If not please list name of church you attend: _____

Are you a member of the church you attend church? () Yes () No

Driver's License Number: _____

Please note: before we can process this application we must have a copy of a state issued picture I.D. (i.e. Driver's License or South Carolina I.D. Card)

Have you ever been convicted of, or pleaded guilty to a crime? _____

If yes, please explain.

Please read carefully before signing.

The information I have given on this registration form is correct to the best of my knowledge. I agree that false information or significant omission may disqualify me from further consideration for services and may be considered justification for dismissal if discovered at a later date.

Wellford Baptist Church and any representative has my permission, and I do hereby release them to obtain any information available through back ground checks/ criminal history with law enforcement and any other information needed to verify and process this application. I do also release Wellford Baptist Church and any representative of any liabilities for requesting, obtaining, acting upon, or furnishing such information, provided they do so in good faith. I waive any right I have to inspect the references.

Should my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services for the church.

I agree to adhere to the policies and procedures of Wellford Baptist Church. I understand that the church always has the authority to release me from my position.

Applicant's Signature:

Date signed: _____

Signature witnessed by:

Notary acknowledgement

State of _____

County of _____

_____ personally appeared before
(Applicants Name)
me and acknowledged that he/she executed the within instrument
for the purposes therein contained.

Witnessed by me this _____ day of _____, 20_____

Notary Seal
