

# Calvary Baptist Church Parent/Guardian Volunteer Application

Date: \_\_\_\_\_

We desire to have parents/guardians involved in the programs and activities of their children/youth at Calvary Baptist Church. For the safety of our children/youth, please take a moment to complete the information below.

Name: \_\_\_\_\_  
Last First MI Maiden/Previous

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Email: \_\_\_\_\_

Parent/Guardian of \_\_\_\_\_

## References:

Name/Relationship	Complete Address (street, city, state, zip)
_____	_____

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

Name/Relationship	Complete Address (street, city, state, zip)
_____	_____

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

Have you ever been convicted of, plead guilty or no contest to any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information I have provided is absolutely true and correct. I authorize the organization to contact any entity listed in this application, and I further authorize any such entity to provide the organization with information, opinions, and impressions relating to my background or qualifications. I acknowledge that my volunteer service is at the discretion of CBC and may be suspended, rescinded or revoked at any time for any reason.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation. I agree to protect the health and safety of the children and youth of Calvary Baptist Church at all times.

Printed Name: \_\_\_\_\_

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