

SOUTHSIDE BAPTIST CHURCH  
C-A-R-E Provider Application

You must be a member to be Care Certified

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

First

Middle

Last

Maiden name, if applicable: \_\_\_\_\_

Current address: \_\_\_\_\_

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

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

If you have lived at this address less than five years, please give your prior address:

Street: \_\_\_\_\_

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

\_\_\_\_\_

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

What is your current occupation? \_\_\_\_\_

What type of Children's or Youth work do you prefer? (Check all that apply)

\_\_\_\_\_ Sunday School Teacher/Assistant

\_\_\_\_\_ Special Needs

\_\_\_\_\_ Missions

\_\_\_\_\_ Nursery/Preschool

\_\_\_\_\_ Children (K-5<sup>th</sup> grade)

\_\_\_\_\_ Youth

\_\_\_\_\_ Other

What length of commitment can you make?

\_\_\_\_\_ Once a month

\_\_\_\_\_ Every other week

\_\_\_\_\_ Every week

\_\_\_\_\_ On standby

Do you have a personal relationship with Jesus Christ? Yes No

If you were standing before God, how would you answer the question,

“Why should you be allowed to enter My heaven?”

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Are you a member of Southside? \_\_\_\_\_ For how long? \_\_\_\_\_

What other churches have you attended regularly during the past 5 years? Provide the name, address, phone number and name of Senior Pastor at each.

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List all previous church work involving minors/youth. Provide dates, types of work performed, name of church, phone number and supervisor’s name.

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List all previous non-church work involving minors/youth. Provide dates, types of work performed, name of organization, phone number and supervisor’s name.

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**Personal References**

Please provide names of two personal references - not relatives or employers unless pertinent to this application

Name _____	Name _____
Address _____	Address _____
_____	_____
Email address: _____	Email address: _____
_____	_____
Phone _____	Phone _____

**Applicant's Statement**

The information contained in the application is correct to the best of my knowledge. I authorize any references or churches listed in the application to provide any information (including opinions) that they may have regarding my character and fitness for working with minors and/or vulnerable adults. In consideration of the receipt and evaluation of this application by SBC, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or my family on account of compliance or attempt 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 Constitution, Bylaws and policies of Southside Baptist Church and to refrain from unscriptural conduct in the performance of my services on behalf of SBC.

**I have watched the video provided to me through the QR code \*see below.** Upon completion of this application, the background check, interview, and acceptance by SBC, I understand that my CARE certification MAY need to be renewed in 3 years.

I further state that I have carefully read the foregoing release and know the content thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand. **I am an active Member of SBC.**

\*



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

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

Social Security Number (required to run a background check) \_\_\_\_\_

Have you ever been arrested for any criminal offenses: No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe:

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

Have you ever been accused, arrested, or convicted of any sexually related crimes:

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe:

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

Are you currently on probation or parole? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe:

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

**For office use only**

Pastor's Approval Signature: \_\_\_\_\_

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

Date of Background Check: \_\_\_\_\_

Signature of Office Administrator: \_\_\_\_\_

