

Oak Bridge Kids Volunteer Application

Ministry Area: Infants Toddlers Preschool Elementary
 Middle School High School *(check all areas of interest)*

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
E-Mail _____

• Briefly describe when and how you accepted Jesus Christ as your personal Savior:

Marital Status: Single Married (*Spouse's Name*) _____

Occupation _____ Place of Employment _____

• Are you a regular attendee of Oak Bridge Community Church? No Yes
How long? _____

• Do you participate in an Oak Bridge Small Group? No Yes
If yes, which Small Group and how long? _____

• Before attending Oak Bridge, what was your denominational background?
Denomination: _____ Name of Former Church: _____
Pastor: _____ Church or Pastor's Phone # (____) _____

• Please list all areas of previous experience in Sunday School or other church leadership positions.

• Please list any areas you are currently serving in at Oak Bridge Community Church.

• Please list any recent (last three years) training you may have had which has contributed to your growth as a Christian or has helped prepare you as a leader.

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- Have you ever been convicted of or pleaded guilty to a crime? No Yes

• PREVIOUS ADDRESSES

Please list previous addresses in the last 10 years, including out of state.

** (These addresses are used for background check purposes)*

Address City, State, Zip Phone

Address City, State, Zip Phone

Address City, State, Zip Phone

Address City, State, Zip Phone

• REFERENCES

Professional or business associates (not relatives) who know you well whom the church may contact. ** (Including one in ministry and at least one from Oak Bridge Community Church.)*

Name Address City, State, Zip Phone

Name Address City, State, Zip Phone

Name Address City, State, Zip Phone

Name Address City, State, Zip Phone

I give Oak Bridge Community Church the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Oak Bridge Community Church and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature

Date

- Have you had an interview? No Yes
- Attach a photo and copy of your Social Security Card (for background check purposes)
- Return by dropping application in a Joy Box
- Questions: speak with a class teacher, Craig Nall 314.809.6613 or Clarissa Karasick 314.303.3632



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

PLEASE TYPE OR PRINT CLEARLY

SECTION A: WORKER TYPE (CHECK ALL (✓) BOXES THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> CHILD CARE WORKER | <input type="checkbox"/> FOSTER PARENT |
| <input type="checkbox"/> ELDER CARE WORKER | <input type="checkbox"/> VOLUNTARY REGISTRANT |
| <input type="checkbox"/> PERSONAL CARE WORKER | <input type="checkbox"/> RECIPIENT OF STATE OR FEDERAL FUNDS |

SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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PRIOR NAMES USED

SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NO. (optional) ()
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MAILING ADDRESS

STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP CODE	COUNTY
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HOME ADDRESS (if different than mailing address)

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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SECTION C: CURRENT EMPLOYER INFORMATION (IF APPLICABLE)

EMPLOYER NAME	CONTACT PERSON	PHONE NUMBER ()
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ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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SECTION D: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry and any related background information to the requestor of the Family Care Safety Registry for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care, elder-care or personal care setting. I understand that if I dispute the information contained in the Family Care Safety Registry I have the right to appeal the accuracy in the transfer of information to the Registry within thirty (30) days of receiving the results of the background screening determination.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
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IMPORTANT

- Individuals are required to register one-time only
- Contact 1-866-422-6872 (toll-free) if you have questions on how to complete this form
- Read back of form for instructions and information on registrant notification and appeal rights
- Send completed registration form, copy of social security card and \$5.00 check or money order made payable to:

Missouri Department of Health and Senior Services
 Fee Receipts Unit
 P.O. Box 570
 Jefferson City, MO 65102

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