

Volunteer Registration

Name (Legal and Preferred)

Address (Including zip code)

home phone _____ cell phone _____

preferred e-mail _____

place of employment or school _____

work phone _____

emergency contact _____

Birthdate _____ Anniversary _____

Family (names and ages)

I acknowledge that on _____ (date) I received the Child Protection Policy and Implementing Guidelines. I also acknowledge that I have read and understand the meaning of, and agree to conduct myself in accordance with, the Policy and Guidelines.

I hereby release First Baptist Church, Wichita, KS to conduct work, history, medical, judicial, and law enforcement record inquiries, and to contact my personal references, pertinent to matters addressed in this policy. I agree to execute any additional releases necessary for the Church to obtain such information.

Signature _____

Date _____