



Protective Environment for Adults,
Children, and Youth (PEACHY)
Ministry Application Form



Name: _____ Date: _____

Any other names by which you are known: _____

Address: _____

Phone: _____ Email: _____

Which ministries do you want to be involved in: _____

What other experience do you have working with infants, children, youth, or vulnerable adults?

(Please list the most recent)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU AT ANY TIME EVER:

- Been convicted of, or pleaded guilty to or no contest to, any crime? (do not include minor traffic citations or civil judgements) Yes No
- Participated in, or been accused, convicted, or pleaded guilty or no contest to abuse or any sexual misconduct? Yes No

ARE YOU AWARE OF:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, vulnerable adults, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail.



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CHURCH ACTIVITY

What churches have you attended in the past five years?

Church name: _____ Member? _____

Pastor's name: _____ Years attended: _____

Church name: _____ Member? _____

Pastor's name: _____ Years attended: _____

Church name: _____ Member? _____

Pastor's name: _____ Years attended: _____

SUPPLY AT LEAST TWO INDEPENDENT REFERENCES

(Not relatives. Past ministry leaders, pastors, or employers preferred.)

Name: _____ Phone/Email: _____

Address: _____ Relationship: _____

Name: _____ Phone/Email: _____

Address: _____ Relationship: _____

Name: _____ Phone/Email: _____

Address: _____ Relationship: _____

VERIFICATION AND RELEASE

I (Applicant's Name) _____ recognize that First Baptist Church of Kingstowne (FBCK) is relying on the accuracy of the information I provide on this application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize FBCK, or its agents, to contact any person or entity listed on this application form, and I further authorize any such person or entity to provide FBCK, or its agents, with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release FBCK, or its agents, and any such person or entity listed on this application form from liability involving the communication of information relating to my background or qualifications.

I have read the policy and procedures of FBCK, and I agree to abide by them. I understand that failure to follow procedures could result in dismissal from ministerial roles. I agree to protect at all times the health and safety of infants, children, youth, or vulnerable adults assigned to my care or supervision.

Printed name: _____

Signature: _____ Date: _____