

# HisAbilities Screening Form

## Confidential

### West Park Baptist Church

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is NOT an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

#### STUDENT APPLICATION AGES 13-17

Name \_\_\_\_\_  
(LAST) (FIRST) (MI)

*\*\*\*Identity must be confirmed with a driver's license or other photographic identification.  
STUDENTS may use school-issued ID.*

Present Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

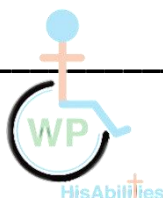
What church do you attend? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Have you ever served with children with a disability before? Yes or No

If YES, where have you served? \_\_\_\_\_

Why do you want to serve in HisAbilities? \_\_\_\_\_



What activities are you currently involved in?

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Please list 3 three people we can call to ask about how well you serve, volunteer, or participate in activities (non-family members, teachers, coaches, family friends, etc.).

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Please tell us about your salvation experience (how old you were, where the event happened, why you made your decision).

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What would you like to accomplish by serving in HisAbilities?

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**Applicant’s Statement:**

The information I have written in this application is true and correct to the best of my knowledge. I give permission for the people that I listed in this application to give HisAbilities and West Park Baptist Church any information (including personal opinion) that they may have about my character and ability to serve individuals with disabilities. After HisAbilities and West Park receive this application and the information on it and evaluate it, I release West Park and HisAbilities, any individual, church, youth organization, charity, reference or any other person or organization, including record custodians, both individually and collectively from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs or family, on account of compliance or any attempts 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 bylaws and policies of West Park Baptist Church and HisAbilities and to refrain from unbiblical conduct in the performance of my service on behalf of the church.

I agree that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

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Applicant’s Signature

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Date

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Parent Signature

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Date

