



Where Faith and Learning Connect

(301)262.0158
7210 Race Track Road
Bowie, MD 20715
gcsbowie.org

Screening Form

This form is to be completed by all potential staff members who supervise or work in any way with minors at Grace Christian School. This policy has been implemented to help ensure a safe and secure environment for all children enrolled.

Personal Information

Full Name _____

Current address _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Email _____

Marital Status: _____ Married _____ Single (widowed, separated, divorced)

Do you: Use tobacco products? _____ Drink alcoholic beverages? _____

If you have a current driver's license, list state and DL # _____

Have you ever been charged with, convicted of, or pleaded guilty to a crime in which you harmed another person physically or emotionally? _____ Yes (if yes, attach explanation) _____ No

Church Information

Are you a member of Grace Baptist Church? _____ Yes _____ No _____ No, but would consider joining.

Other than GBC, list other churches you have regularly attended in the past five years:

Church name _____ Church name _____

Address _____ Address _____

City, St, Zip _____ City, St, Zip _____

List any previous work involving minors (identify church/organization, and type of service):

List any training, education, or abilities that may contribute to your work w/ children or youth:

References

Please list two references that are not related to you:

Name _____ Name _____
Address _____ Address _____
City _____ St _____ Zip _____ City _____ St _____ Zip _____
Phone _____ Phone _____
Email (if known) _____ Email (if known) _____

Applicant Statement

The information contained in this screening form is correct to the best of my knowledge. I authorize my references, previous churches, and employers to give you any information regarding my character and fitness for working with minors. I release all such references from liability for any damage that may result from their release of said information. Should I be accepted for work with children or youth, I agree to be bound by policies of the school and to refrain from unscriptural conduct in the performance of my services on behalf of the school. I understand that this is a legally binding agreement which I have read and understand and sign of my own free act.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

Office Use Only: S.O.R. ___yes___no (date checked _____) Approved/ Denied Reference letters sent ___ References received _____

Reviewed By(Print Name): _____

Signature: _____ Date: _____