SCREENING FORM FOR TEENS WORKING WITH MINORS
OR MENTALLY HANDICAPPED PERSONS

Teenagers must fill out this form before serving in any position involving the supervision or care of minors or the mentally handicapped. This is being used to provide a safe and secure environment for the activities or programs of the church.

Name _____
Last First Middle

ID or DL# _____ Date of Birth _____

Present Address _____

City _____ State _____ Zip Code _____

Phone _____Email _____

School _____ Grades _____
If less than one year:
Previous Address _____

City _____State _____ Zip Code _____

Phone _____ Email _____

School _____ Grade _____

Please write your testimony on the back of this page (or include a separate page). Please include how you would present the Gospel to a child.

I have read the Basic Procedures for Safe Ministry at Mansfield Bible Church booklet and agree to comply with it.

_____
Signature of Teen Worker Date

I hereby give my permission for my child to work/volunteer at Mansfield Bible Church.

_____
Signature of Parent/Guardian Date