



Crew Chief /Assistant Skills Assessment/Registration Form

Name: _____ Gender: Male Femal
Contact information- Phone #: _____ T-Shirt Size: _____
Address: _____ Email Address: _____

To use your time and talents to the greatest benefit while you are volunteering, please indicate your current skill level:

Skill Levels

- 0= I am unable to do, or am not interested.
- 1= I don't know how, but am willing to learn and try.
- 2= I have done it before, but still need help to complete.
- 3= I can do a good job by myself.
- 4= I can do a good job, and can guide or teach others.
- 5= I am a licensed contractor.

Skills

Indicate level, using appropriate numbers identified above.

- ___ Steps/ wheelchair ramps/ porch
- ___ Carpenter
- ___ Clean-up worker
- ___ Contractor
- ___ Drywall hanger/ finisher
- ___ Flooring-carpet/underlay/vinyl
- ___ Framing
- ___ Insulation
- ___ Landscaping
- ___ Painting
- ___ Roofing
- ___ Siding
- ___ Power washing

Circle one: Do you have your own tools? Yes or No

Circle one: Will you be bringing a van/truck/car/SUV?

Other Skills or comments _____

Please send completed form to:
Brother's Keeper, Parchment Valley Conference Center, 1715 Parchment Valley Road, Ripley, WV 25271

VOLUNTEER BACKGROUND CHECK

Full Name: _____ Date of Birth _____

Address: _____

Social Security Number: _____ Phone: _____

Driver's License No: _____ Email Address: _____

Have you ever been charged with, convicted of, or pled guilty to, or no contest to any crime?

Yes _____ No _____

Do you consent to a criminal background check?

Yes _____ No _____

Have you ever been disciplined or censored for any reason by a church or ministry?

Yes _____ No _____

Do you consent to background inquiries to persons named by you and any other person?

Yes _____ No _____

REFERENCES

Full Name: _____ Relationship _____

Address: _____ Phone: _____

E-mail: _____

Full Name: _____ Relationship _____

Address: _____ Phone: _____

E-Mail: _____

Full Name: _____ Relationship _____

Address: _____ Phone: _____

E-Mail: _____

DISCLAIMER AND SIGNATURE:

The information contained in this application is correct to the best of my knowledge. I hereby authorize West Virginia Baptist Convention and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; and any other public records including the National Sex Offender Registry.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to West Virginia Baptist Convention or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources.

I hereby release West Virginia Baptist Convention, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I understand that I have a right to request a copy of the report provided by Protect My Ministry, Inc. West Virginia Baptist Convention and its designated agents shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to addresses, social security numbers, and dates of birth.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my selection, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

All information will be kept in a secure location and made available only to the person(s) necessary to make an informed decision on your request.