

Approved Adult Application

Safe Sanctuary Program for Poplar Springs Church--Adrian, Ga.
We Believe in Christ—Our Salvation

Approved Adult:--Refers to an adult (Volunteer or paid staff) who has been approved by the Safe Sanctuary Program of Poplar Springs Church to work with Vulnerable Individuals (Includes Children, Youth, and Special Need Adults).

Name _____
Print

Telephone(s): _____

Email(s): _____

Address(s): _____

Occupation: _____

Employer: _____

Relevant Experience(s)

Interests, Hobbies, and Skills

Why would you like to volunteer as a worker with child and/or youth?

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REFERENCES: Please list at least two character references (people who are not related to you by blood or marriage, and not your current pastor) and will be willing to complete a Reference Questionnaire. Please provide a complete address and phone information for each. References and Reference Questionnaires are confidential.

Name	_____	
<u>Telephone(s):</u>	_____	_____
	Daytime	Evening
<u>Email(s):</u>	_____	
<u>Address:</u>		
Relationship:	_____	

Name	_____	
<u>Telephone(s):</u>	_____	_____
	Daytime	Evening
<u>Email(s):</u>	_____	
<u>Address:</u>		
Relationship:	_____	

Name	_____	
<u>Telephone(s):</u>	_____	_____
	Daytime	Evening
<u>Email(s):</u>	_____	
<u>Address:</u>		
Relationship:	_____	

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Agree to having Poplar Springs Church do a criminal background check on me.
Social Security Number _____

I agree that the information provided above is accurate and truthful.

Applicant: _____

Print Name

Signature

Date: (mm/dd/yyyy): _____