

# RA Event at Tyndall AFB Permission Form

RA'S Name: \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

I, \_\_\_\_\_ give permission for my son to attend the event at Tyndall AFB on December 10th. I understand that my son will be transported by church van to and from the park.

I \_\_\_\_\_ DO NOT give permission for my son to attend the event at Tyndall AFB on December 10th.

Please check:

\_\_\_\_\_ I would like to chaperone      Name: \_\_\_\_\_  
(Please complete Confidential Screening)

\_\_\_\_\_ I am willing to drive my personal vehicle to transport children.

\_\_\_\_\_ My son will ride in the church van

\_\_\_\_\_ My son will ride to and from Tyndall AFB in my  
personal vehicle

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Confidential Volunteer Screening Form

Hiland Park Baptist Church

2611 Hwy 231

Panama City, Florida 32405

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Work Phone # \_\_\_\_\_ Marital Status \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

## CHURCH ACTIVITY

Have you ever made a profession of faith in Jesus Christ? \_\_\_\_\_ When? \_\_\_\_\_

Have you been baptized? \_\_\_\_\_ Are you a member of HPBC? \_\_\_\_\_

If no, are you a member of another church? \_\_\_\_\_ Where? \_\_\_\_\_

Please list the names and addresses of any other church you have regularly attended in the last 5 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any church activities where you have been involved with preschoolers, children or youth.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the Church's name and address where you volunteered, along with dates of service.

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Please list any non-church activity where you have been involved with preschoolers, children or youth, along with the organizations name, address and dates of service.

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**PERSONAL CHARACTER REFERECNES (Not employment or relatives)**

Name \_\_\_\_\_ Address and Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address and Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address and Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

*Information contained in this document is confidential to the Children's Ministry and will be used to conduct a background check once signed. If you wish to speak with our children's director, Tammy Kirkland, contact her at [tkirkland@hilandpark.org](mailto:tkirkland@hilandpark.org) or 850.785.6530.*

**Applicants Statement** The information contained in this document is correct to the best of my knowledge. I authorize references of churches listed in this application to provide information and opinions they may have regarding my character and fitness to work with preschoolers, children or youth. I release all such references from any liability for furnishing such evaluations, provided on my behalf. I agree to be bound by the bylaws and policies of HPBC of Panama City, and agree to refrain from unscriptural conduct in the performace of my service. I further state that I have carefully read and foregoing release and know the content therin, and I sign this document as an act of free will. This is a legally, binding agreement that I have read and understand.

Signature \_\_\_\_\_ Date \_\_\_\_\_

