

FOR OFFICE USE ONLY: Training: _____ _____
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Application for Ministry to "CHURCH NAME HERE"

Thank you for your interest in serving the children and families of (CHURCH NAME HERE). Once your application has been approved, the Children's Ministry Administrator will work with you to find a spot on our Children's Ministry team that will be a good fit for you based on our needs and your interests and experience. Please put your completed application in a sealed envelope and place it in the Children's Ministry mailbox in the church office.

Personal Information

Name: _____ Date: _____
LAST FIRST MI

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

I prefer to receive information regarding Children's Ministry via: e-mail phone

Family Information

I am: Single Married Divorced Widowed

Do you have any children? Yes How many: _____ No

Membership Information

How long have you been a member of [CHURCH NAME]? **DATE JOINED:** _____

What other ministries and activities have you participated in at [CHURCH NAME]?

Prior Experience

Have you taught or cared for children in any church or parachurch ministry before?

Yes

Please describe (including dates and places):

No

Please describe any training, education, or other factors (including musical training) that would apply to your ministry to children.

Training

I attended Child Care Training on _____ (date)

Personal Commitment

In dependence on the Holy Spirit and by God's grace:

I will be faithful and dependable in this ministry.

I will seek to learn more about ministering to children, as information and training are available.

I will faithfully pray for the children who are under my care.

I commit myself to continuing personal spiritual growth.

I commit to knowing when I am scheduled to serve and arriving to serve on time.

I have read, understood, and commit to abide by the policies contained in the Children's Ministry Handbook.

Signature: _____

Date: _____

Personal References

Every applicant for participation in Children’s Ministry must provide two personal references. The Director of Children’s Ministry will contact these references.

*Applicant waives the right to view reference statements

If you have been a member of (CHURCH NAME) for *less than one year*, please list

- 1. A pastor or church leader from the church you most recently attended
- 2.. A person with whom you have worked/served in the past who knows you well. (If you have served in Children’s Ministry in the past, please list someone who served with you in that context.)

If you have been a member of (CHURCH NAME) for *more than one year*, please list

- 1. An elder, small group leader, or other church leader who knows you well
- 2.. Another member of (CHURCH NAME) who knows you well and can attest to your suitability to work with children.

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Relation: _____	Relation: _____

Verification of Information

The information contained in this application is true and correct to the best of my knowledge. I authorize (CHURCH NAME) to contact any references or organizations listed in this application. Furthermore, I authorize such references and organizations to provide (CHURCH NAME) with any information they may have regarding my character and fitness for working with children. I release (CHURCH NAME), its agents, and all such references and organizations from any and all liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

I further state that I have carefully read the foregoing release and know and understand the contents thereof. I sign this release as my own free act. This is a legally binding agreement that I have read and understand.

Signature: _____ Date: _____

Consent for a Criminal History Background Check

[CHURCH NAME HERE] has contracted the services of [SCREENING COMPANY NAME HERE] to perform criminal background checks on all Children's Ministry applicants. A national criminal records search is performed. The following information is required.

Name: First _____ Last _____ Middle _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number/State: _____

Reports are confidential and viewed only by [CHURCH NAME HERE] elders and filed in the applicant's secured file.

Personal information is protected under Privacy Act. Reports obtained from [SCREENING COMPANY NAME HERE] will be guarded accordingly.

Note: Any reported misdemeanor or felony will be discussed with you and the elders and may be grounds for denial of application to work with children.

Name: _____

Confidential Information

The following questions are designed to help us promote a safe, secure, and loving environment for the children who participate in our programs.

This information will be kept confidential, viewed only by the Pastor for Family Ministry or other elders he deems necessary and appropriate.

If you would like to discuss any of these matters further with the pastor overseeing Children's Ministry, please simply indicate that below or leave the form blank.

Answering "yes" to any of these questions will not necessarily disqualify you from participating in Children's Ministry at [CHURCH NAME].

1. Have you ever been a victim of abuse?

(Many people have experienced abuse at the hands of others. Most victims of abuse abhor such behavior and are especially alert and sensitive to the need to provide a safe and caring environment for children. At the same time, residual effects may remain in some people's lives, including a hesitancy to report suspected child abuse, which is why we ask this question.)

- Yes
- No
- I would like to discuss this.

Comments:

2. Have you ever been accused of, participated in, plead guilty to, or been convicted of child abuse, child neglect, or any other crime against a minor?

- Yes
- No
- I would like to discuss this.

Comments:

3. Have you ever been convicted of or plead guilty to a crime (other than minor traffic violations)?

- Yes
- No
- I would like to discuss this.

Comments:

4. Have you deliberately and repeatedly viewed pornography in the past three years?

(This includes reading, watching, listening to, or in any other way using pornographic material, including books, magazines, television shows, movies, the Internet, or telephone services.)

- Yes
- No
- I would like to discuss this.

Comments:

5. Do you have any ongoing sin struggles that you think would keep you from ministry to children?

- Yes
- No
- I would like to discuss this.

Comments:

Comments:

6. Do you have any communicable diseases or infections such as TB, Hepatitis B, HIV/AIDS, MRSA*, etc.?

- Yes
- No
- I would like to discuss this.

Comments:

7. As a child or teenager, did you ever have sexual interaction or contact with a child?

- Yes
- No
- I would like to discuss this.

Comments: