

# APPLICATION FOR ADULT WORKERS IN CHILDREN'S MINISTRY

## CONFIDENTIAL

This application is to be completed by all applicants (volunteer or compensated) who are involved in the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the Children's Ministry, as a paid employee, will be required to complete an employment application in addition to this screening form. The purpose of this form is to help the church provide a safe and secure environment for those children who participate in our programs and use of our facilities.

### GENERAL INFORMATION

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cellular Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

### MINISTRY INFORMATION

1) Are you are a member of the church?

Yes

No

If yes, since when: Month \_\_\_\_\_ Year \_\_\_\_\_

2) Do you regularly attend services?

Yes

No

If yes, since when: Month \_\_\_\_\_ Year \_\_\_\_\_

3) Do you regularly attend a Bible Study or have quiet time with the Lord?

Yes

No

4) In what area (s) of ministry are you currently involved? \_\_\_\_\_ How Long? \_\_\_\_\_

5) Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you?

Yes

No

6) Tell us about your spiritual journey to date:

---

---

---

---

---

---

7) I have chosen to work with the children because:

---

---

---

---

---

---

8) If there has been alcohol, drug abuse, and physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future?

---

---

---

---

---

---

### **EMPLOYMENT HISTORY**

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_ Current Position \_\_\_\_\_

### **MILITARY SERVICE**

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Discharge \_\_\_\_\_

### **PERSONAL SITUATIONS**

1) Are you?

- Single
- Married
- Widowed
- Divorced

2) Do you have children of your own?

- Yes
- No

Ages \_\_\_\_\_ Gender \_\_\_\_\_

3) Have you ever been arrested, convicted or pleaded guilty to a crime?

- Yes
- No

If yes please explain

---

---

---

---

---

4) Have you ever been suspected, accused, charged, or alleged to have, or have you ever committed an act of neglecting, abusing or molesting a child?

- Yes
- No

If yes please explain:

---

---

---

---

---

5) Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children?

- Yes
- No

If yes please explain:

---

---

---

---

---

6) Have you ever been treated for a psychiatric disorder?

- Yes
- No

If yes please explain:

---

---

---

---

---

**REQUEST FOR CRIMINAL BACKGROUND RECORDS CHECK AND AUTHORIZATION**

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in criminal files maintained on me, whether local, state, federal or military. I hereby release local, state, federal or military agencies from any and all liability resulting from such disclosure.

Print Name \_\_\_\_\_  
Print Maiden Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
SS # \_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) they have regarding my character and fitness for work with children. I authorize the release of information contained in this application to any ministry of \_\_\_\_\_ in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by \_\_\_\_\_, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, including records custodian, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me my heirs, or family, on the account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legally binding agreement I have read and understand.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_