



First Christian Church

Application for Children's Ministry Volunteers



CONFIDENTIAL

This application is to be completed by all applicants for any position involving the supervision of minors. It is being used to help the church provide a safe environment for those children who participate in our programs and use our facilities.

GENERAL INFORMATION

Date: _____

Name: _____ Maiden Name: _____

Phone: _____ Work Phone: _____

Address: _____

Street

City

State

Zip

Date of Birth: _____ Place of Birth: _____

Areas of Interest

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Toddlers | <input type="checkbox"/> Ages 4, 5 & K's | <input type="checkbox"/> Craftsmanship |
| <input type="checkbox"/> Grades 1-4 | <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Crafts | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Helper | <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Recreation | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Other _____ | | | |

Available to Serve

- | | | |
|--|---|---|
| <input type="checkbox"/> Sunday 8:30 | <input type="checkbox"/> Sunday 9:45 | <input type="checkbox"/> Sunday 11:00 |
| <input type="checkbox"/> Wednesday Night | <input type="checkbox"/> Special Events | <input type="checkbox"/> Classroom set-up |

LET US GET TO KNOW YOU

❖ How long have you been attending FCC? _____

❖ Do you regularly attend Sunday services? Yes No

❖ Describe your spiritual journey to date: _____

❖ Describe the reason you choose to volunteer to work with children at FCC: _____

Personal References

List two adults you have known for at least one year, who are not related to you, and who have a finite knowledge of your character and ability to work with children.

Reference One: <input type="checkbox"/> First Christian Staff <input type="checkbox"/> Regular Attendee <input type="checkbox"/> Small Group <input type="checkbox"/> Ministry Leader	
Name:	
Occupation:	Length of Time Known:
Home Phone:	Work Phone:
Reference Two: Social Friend or Neighbor	
Nature of Association:	
Name:	
Occupation:	Length of Time Known:
Home Phone:	Work Phone:

Please answer the following questions to the best of your ability. Use additional paper when necessary.

Have you ever been convicted of or pleaded guilty to a crime? Yes No

If yes, please explain. _____

If there has been alcohol abuse, drug abuse, 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?

Have you ever been accused of, charged or alleged to have committed any act of neglecting, abusing or molesting any child? Yes No

If yes, please explain, providing dates and places of incident. _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addiction, or has anyone ever suggested that you may have a problem with any of the above?

Yes No

If yes, please explain. _____

Have you ever been treated for a psychiatric disorder? Yes No

If yes, please explain. _____

Are there any circumstances or patterns in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of First Christian Church?

Yes No

If yes, please explain. _____

List previous church work involving youth (*list each church's name, type of work performed, and dates*). _____

Qualifications for Children's Ministry Volunteers

To maintain high standards in Children's Ministry, the following guidelines are required for all volunteers within the ministry.

- Have a growing personal relationship with Jesus Christ.
- Be striving to apply biblical principles to your everyday life.
- Be willing to be a part of a team-based approach to ministry.
- Attend meetings and other meetings regarding ministry.
- Apply biblical approaches to conflict resolution.
- Be at your assigned position 15 minutes before starting time.
- Be faithful to your assigned volunteer position and loyal to the church and its leaders.
- I have read the guidelines to appropriate contact and will abide by them.

I meet the above qualifications and am willing to faithfully adhere to them. I support First Christian Church and I realize that failure to keep any of the above qualifications is grounds for dismissal.

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 children's work. In consideration of the receipt and evaluation of this application by First Christian Church, I hereby release any individual, church, youth organization, reference or any other person or organization (including record custodians), 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 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 foregoing release and know the contents thereof and I sign this release as my own free act.** This is a legally binding agreement, which I have read and understand.

Applicant's Signature

Date

Witness

Date

Parent Signature (If student helper is applicant)

Date

Request for Criminal Records Check and Authorization

Important: Every applicant, regardless of criminal record, must complete this section.

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

Signature

Today's Date

Printed Name

Print Maiden Name if Applicable

Print Any and All Aliases

Date of Birth

Driver's License Number and State

Social Security Number

(Identity must be confirmed with a state driver's license or other photo ID)