

Children's Ministry Volunteer Application

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. This is not an employment application form.

Circle the program or programs you are interested serving with:

Nursery Prek-K First-Fifth Grade Teen Classroom Helper
Other: _____

General Information:

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____

Date of Birth _____ / _____ / _____

Do you regularly attend our worship services? **Yes / No**

If yes, when did you start attending? _____ (approx. date)

Ministry Information

Are you currently serving in another church Ministry? If so, please list:

I have chosen to work with children at Grace Bible Church because: _____

Are you a committed follower of Christ and invested in a personal and growing relationship with God? **Yes / No**

Present Employer: _____

Address: _____ City: _____ State: Zip: _

Job description: _____

Personal Disclosure Information: *Please circle appropriate response*

1. Do you have children of your own? **Yes / No** Ages: _____

2. Have you ever been treated for a psychiatric disorder? **Yes / No** _____

3. Have you ever been arrested, convicted, or plead guilty to a crime? **Yes / No**

If yes, explain: _____

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

2. 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**

3. Have you ever been convicted of the possession, use, or sale of drugs within the last 7 years? **Yes / No**

4. Within the past 30 days have you abused alcohol, legal or illegal drugs? **Yes / No**

5. Has your driver's license been suspended or revoked within the last 12 months? **Y / N**

6. Is there any fact, circumstance, or pattern involving your background that would make it inappropriate for you to serve with minors or would compromise the integrity of the church? **Yes / No** **If so please explain:** _____

Church History and Prior Children's Work:

Previous church work involving children (*list church name, city, state, and type of work performed:*

Previous non-church work involving children (*list each organization name, city, state, and type of work performed*) _____

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give you any information (including opinions) that they have regarding my character and fitness for children's ministry. I authorize the release of the information contained in this application to any individuals who make decisions about placing applicants in available positions. In consideration of the receipt and evaluation of this application by Grace Bible, I hereby release Grace Bible and any individual, church, youth organization, charity, employer, 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 have read and agree to adhere to Grace Bible's doctrinal statement in all of my teachings.

Signature: _____

I have read and agree to adhere to the GBC Policy and Procedure handbook.

Signature: _____

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

Applicants Signature: _____

Date: _____

Parent Signature (if applicant is under 18): _____

Request for Criminal Records Check and Authorization

Important: Every applicant, regardless of criminal record must complete this section. (only if over the age of 18)

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.

Applicant's signature: _____

Print name, print maiden name if applicable: _____

Date of birth: ____ / ____ / ____

Return completed forms to Jen Rinn, Kirsten Stewart, Chris Schlesiger, or Chelsea Schlesiger