

Children's Church Volunteer Application Form

His Place Children's Church has a child safety policy founded on respect and love for the children of our church and community. This safety policy gives children, parents, and staff a sense of confidence and peace. This application will be treated with confidentiality.

PERSONAL INFORMATION

Today's date _____

Name _____ Birth date _____

Address _____

Home phone _____ E-mail _____

Work phone _____ Can you receive calls at work? Yes No

Occupation _____ Where employed _____

Circle one: Married (Years _____) Separated Divorced Single Cohabiting

If divorced or separated, briefly describe the circumstances of your situation _____

Spouse's name (if married) _____

Children's names and ages (if any) _____

How long have you attended His Place consistently? _____

Are you a member, having completed the membership class or seeking membership? Yes No

Please list other churches and locations where you have regularly attended over the past five years: _____

Are you currently under a charge or have you ever been convicted of or pled guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor? Yes No

Have you ever been a victim of any form of child abuse? Yes No

If yes, are you willing to discuss this with the Children's Ministry Director? Yes No

In the past 5 years, have you struggled with any addictions (such as alcohol, gambling, or pornography)? Yes No

Have you been involved in any form of sexual immorality in the past 5 years, whether premarital, homosexual, or extramarital? Yes No

Have you ever committed any crimes, other than traffic infractions? Yes No

Is there any other information we should know? _____

CHURCH ACTIVITY

1. Please write a brief statement of how you became a Christian: _____

2. In what activities/ ministries of our church are you presently involved? _____

3. Experience:

a. What volunteer or career experiences with children have you had in the church or the community?

b. List any gifts, training, education, or other factors that have prepared you for ministry to children.

4. In what capacity and with what age group would you like to minister? Explain your choice: _____

5. What causes the greatest feelings of apprehension as you contemplate this ministry? _____

PERSONAL REFERENCES (May not be a family member)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

APPLICANT'S STATEMENT

The information contained in this application is true and correct to the best of my knowledge. I authorize any of the above references or churches to give you any information that they may have regarding my character and fitness to work with children. I understand that failure to follow Biblical guidelines is grounds for removal from a ministry position.

Signature _____ Date _____