



CHILDREN'S AND YOUTH MINISTRY VOLUNTEER APPLICATION

Name: _____ Date: _____

Social Security # _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Ph. # _____ Work Ph. # _____

Cell Ph. # _____ Email: _____

Age: _____ How long at this address? _____ If less than five years, give previous address and # of years
you lived there: _____ Years: _____

The questions listed below are a part of our interview process in order to help provide a safe and secure environment for our children. All information is held in strict confidentiality by the staff at Christian Fellowship Church. Answering yes to any of the questions may not necessarily preclude your involvement in our Children's or Youth Ministry. Thank you for understanding.

Have you at any time ever:	(please circle one:)		
-been arrested for a criminal offense excluding minor traffic violations?	Yes	No	
-been accused, arrested or convicted for any sexually related crimes?	Yes	No	
-been accused, arrested or convicted for any abuse related crimes?	Yes	No	
-used illegal drugs?	Yes	No	
-had any painful experiences in your life that have better equipped you or may hinder you from productive ministry with children?	Yes	No	
-Would you like to meet with a pastor regarding this circumstance?	Yes	No	

If you answered yes to any of the above questions please explain: _____

How long have you been involved at Christian Fellowship Church? _____

Have you taken or are you taking Building Together? Y / N Date taken: _____

Check the areas that you would prefer to serve in:

Kingdom Kids' - during main meeting

- Nursery/Toddler Preschool/Kindergarten
- 1st/2nd 3rd/4th 5th Anywhere

Children's Church 9-9:50am

- Nursery/Toddler Greeter Puppets
- Worship Activities

twelve30 Youth

- Interface Group Leader
- Youth Ministry Leader
- Event Sponsor

Substitute: _____ (area) Other: _____

Do you have a personal relationship with Jesus Christ? _____ Briefly Describe:

What church or churches have you attended in the past five years?

Church Name, city/state Pastor's name: Years attended:

Please list (3) personal references from Christian Fellowship Church: (current members who know you)

Name Phone Email Years known

Please list (3) work references:

Name Phone Email Years known

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children and I release all other references from liability for any damage that may result from furnishing such evaluations to you and I understand that any omission of material fact on this application may be grounds from rejection of this application.

I further authorize Christian Fellowship Church to conduct a criminal background check and/ or review my previous driving records or other background data as it may relate to my volunteer work with children in the Children's or Youth Ministry at Christian Fellowship Church. I understand that these records will be kept confidential and will only be used to determine any past history or behavior that may reflect on my performance within these ministries.

Print name

Signature

Date

Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant.
The church must keep this completed form on file for at least two years after requesting a background check.)*

I, the undersigned applicant (also known as “consumer”), authorize Christian Fellowship Church through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Christian Fellowship Church , if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname):

Current Address:

Street /P. O. Box City State Zip Code County Dates

Former Address:

O. Box City State Zip Code County Dates Street /P.

Social Security Number: _____ Daytime Telephone Number: _____

Driver’s License Number: _____ State of Issuance: _____

Date of Birth: _____ Gender _____