

# APPLICATION FOR CHILDREN/YOUTH MINISTRY WORKER

## CONFIDENTIAL

Grace Community Church  
495 Cardinal Road, Mills River, NC 28759  
www.graceinfo.org (church)  
828-891-2006

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Please check ministry location:     Grace Centre     Grace Blue Ridge     Grace Foothills

### GENERAL INFORMATION

Today's Date \_\_\_\_\_  
Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
Marital Status: Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Spouse's name \_\_\_\_\_  
Children's Names and Ages: \_\_\_\_\_  
Place of employment & position held: \_\_\_\_\_  
If you are a Youth Volunteer, list your school & grade: \_\_\_\_\_

### BACKGROUND INFORMATION

Do you regularly attend our worship services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, since when: Month \_\_\_\_\_ Year \_\_\_\_\_  
In what areas of church ministry are you presently **servicing**? \_\_\_\_\_  
In what areas of church ministry are you presently **participating**? \_\_\_\_\_  
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 \_\_\_\_\_  
Tell us about your spiritual journey at present:

I have chosen to work with children/youth at Grace Community Church because. . . .

## REFERENCES

List three people you have known for at least one year, who are not related to you and have a definite knowledge of your character and ability to work with children/youth.

### 1. Grace Community Church Staff, Elder, Small Group or Ministry Leader

Name \_\_\_\_\_ Nature of Association \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_ Zip\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_

### 2. Employer of Fellow Employee

Name \_\_\_\_\_ Nature of Association \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_ Zip\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_

### 3. Social Friend or Neighbor

Name \_\_\_\_\_ Nature of Association \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_ Zip\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_

## AREAS OF INTEREST

Please check the appropriate areas of interest & classes:

#### Age/Grade Preference:

- |   |  |
|---|--|
| <input type="checkbox"/> Nursery/Toddler        | <input type="checkbox"/> 1st - 6th Assistant       |
| <input type="checkbox"/> Preschool/Kindergarten | <input type="checkbox"/> Middle School (7th - 8th) |
| <input type="checkbox"/> 1st - 6th Teacher      | <input type="checkbox"/> High School (9th - 12th)  |

#### Teaching Hour Preferred:

- Saturday Evening
- Sunday 1st Service
- Sunday 2nd Service
- Wednesday Evening

#### Commitment Interest:

- Once a month
- Weekly
- Sub
- Once a quarter

## CHURCH HISTORY AND PRIOR CHILDREN/YOUTH WORK

Are you a participating member of Grace Community Church? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, name the church of which you are a member:

List the (name and addresses) of other churches you have attended regularly during the past five years:

- 1.
- 2.
- 3.

List all previous church work involving children/youth (list each church's name, address and phone number, type of work performed, and dates):

- 1.
- 2.
- 3.

List all previous non-church work involving children/youth (list each organization's name and address, type of work performed and dates):

- 1.
- 2.
- 3.

Have you ever been arrested or convicted or pleaded guilty to a crime? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

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\_\_\_\_\_

If yes, please explain in detail, providing date and place of incident:

Where you abused as a minor? Yes\_\_\_\_\_ No\_\_\_\_\_ I'd like to talk with a pastor\_\_\_\_\_

## 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) that they have regarding my character and fitness for children or youth work. I authorize the release of the information contained in this application to any ministry at Grace Community Church in which I seek a position (volunteer or compensated). In consideration for the receipt and evaluation of this application by Grace community Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any an 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 at-tempts to comply, with this authorization. **I waive \_\_\_\_\_ or do not 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 performance of my services on behalf of the church. **I HEREBY PLACE MYSELF UNDER THE SPIRITUAL AUTHORITY OF THE LEADERSHIP OF THIS CHURCH FOR THE DURATION OF MY SERVICE.**

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 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! This section must be completed by every applicant, regardless of criminal record.**

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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Maiden Name if Applicable: \_\_\_\_\_

Print All Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\*Driver's License Number and State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**\*Identity must be confirmed with a state driver's license or other photographic identification.**