

# FELLOWSHIP BIBLE CHURCH

## CHILDREN'S MINISTRY

### CHILDREN'S MINISTRY APPLICATION

THIS APPLICATION IS TO BE COMPLETED FOR CHILDREN'S MINISTRY VOLUNTEERS. IT IS ONE PART OF OUR EFFORT TO PROVIDE A SAFE AND SECURE ENVIRONMENT FOR THE CHILDREN WHO ATTEND OUR MINISTRIES AND PROGRAMS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL, STORED IN A SECURED LOCATION, AND USED ONLY BY THE LEADERSHIP OF FBC.

PLEASE CIRCLE WHERE YOU WOULD LIKE TO SERVE:

<b>SPECIAL EVENTS</b>	<b>NURSERY/ PRESCHOOL</b>	<b>ELEMENTARY</b>	<b>CHILDCARE FOR CHURCH EVENTS</b>	<b>OTHER</b>
VBS, SEASONAL	0- KINDERGARTEN	1 - 6 <sup>TH</sup> GRADE		

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION & EMPLOYER: \_\_\_\_\_

Do you have any physical limitations or conditions that would prevent you from performing certain activities/duties pertaining to your area of ministry? (circle one)      Yes      No

If yes, please explain: \_\_\_\_\_

**PERSONAL REFERENCES:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CONTACT INFO: \_\_\_\_\_

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**FBC HISTORY AND CHURCH ACTIVITY**

DO YOU ATTEND FBC REGULARLY? YES NO

HOW LONG HAVE YOU BEEN ATTENDING? \_\_\_\_\_

SUMMARIZE THE HISTORY OF YOUR INVOLVEMENT AT FBC: \_\_\_\_\_

IF YOU DO NOT ATTEND FBC, WHERE DO YOU CALL YOUR CHURCH HOME?

**SPIRITUAL HISTORY**

HAVE YOU ACCEPTED JESUS AS YOUR LORD AND SAVIOR? YES NO

IF SO, WHEN? \_\_\_\_\_

HOW ARE YOU GROWING IN YOUR RELATIONSHIP WITH CHRIST? \_\_\_\_\_

**CHILDREN'S MINISTRIES GIFTS & EXPERIENCE**

SPECIAL GIFTS OR TALENTS (STORYTELLING, MUSIC, TECH, DRAMA, RELEVANT CLASSES OR TRAINING YOU'VE ATTENDED):

DESCRIBE ANY EXPERIENCE YOU HAVE HAD WORKING WITH CHILDREN IN A CHURCH OR COMMUNITY SETTING:

WHY WOULD YOU LIKE TO SERVE IN CHILDREN'S MINISTRY? \_\_\_\_\_

ARE YOU CURRENTLY CPR CERTIFIED? YES NO

ARE YOU CURRENTLY FIRST AID CERTIFIED? YES NO

**PERSONAL INFORMATION**

HAVE YOU EVER BEEN DENIED THE OPPORTUNITY TO WORK WITH CHILDREN AT A CHURCH, INSTITUTION OR ANY OTHER SETTING?      YES    NO

HAVE YOU EVER BEEN CONVICTED OF CHILD ABUSE OR A CRIME INVOLVING ACTUAL OR ATTEMPTED SEXUAL MOLESTATION OF A CHILD?      YES    NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, INCLUDING THE ILLEGAL USE OR SALE OF DRUGS?      YES    NO

DO YOU AGREE TO HAVE A DIGITAL BACKGROUND CHECK RAN ON YOU? YES    NO

HAVE YOU EVER BEEN TREATED FOR ALCOHOL OR SUBSTANCE ABUSE? YES    NO

I UNDERSTAND THAT BEING INVOLVED IN CHILDREN'S MINISTRY AT FELLOWSHIP BIBLE CHURCH, I AM MAKING A COMMITMENT TO THE FOLLOWING RESPONSIBILITIES:

- \* I WILL MAINTAIN MY PERSONAL RELATIONSHIP WITH JESUS CHRIST THROUGH DEVOTIONAL BIBLE READING, FELLOWSHIP WITH OTHER CHRISTIANS, AND MAKE AN EFFORT TO BE INVOLVED IIN OTHER MINISTRIES AT OUR CHURCH.
- \*I WILL REGULARLY ATTEND WORSHIP SERVICES.
- \*I WILL PRAY REGULARLY FOR THE CHILDREN FOR WHOM I AM RESPONSIBLE.
- \*I WILL COOPERATE IN A SPIRIT OF UNITY AND LOVING SUPPORT WITH MY CHILDREN'S MINISTRY PASTOR AND SUPPORT STAFF/VOLUNTEERS AND HANDLE ANY DISAGREEMENTS PRIVATELY AND AT AN APPROPRIATE TIME.
- \*I WILL ARRIVE AT MY PLACE OF MINISTRY ON TIME AND BE WELL-PREPARED, STRIVING TO PRESENT GOD'S WORD CLEARLY.
- \*I WILL PROVIDE A FUN AND SAFE ENVIRONMENT FOR THE CHILDREN TO WHOM I MINISTER.
- \*I WILL MAKE EVERY EFFORT TO ATTEND ALL TEACHER'S MEETINGS AND ENRICHMENT CLASSES OFFERED.
- \*I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE FBC CHILDREN'S POLICIES AND PROCEDURES.

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I WILL DO MY BEST TO FULFILL THE ABOVE EXPECTATIONS. I AUTHORIZE ANY REFERENCES, CHURCH OR INSTITUTIONS LISTED IN THIS APPLICATION, INCLUDING LAW ENFORCEMENT AGENCIES, TO GIVE YOU ANY INFORMATION REGARDING MY CHARACTER, BACKGROUND AND FITNESS TO SERVE IN CHILDREN'S MINISTRY. I RELEASE SUCH REFERENCES FROM LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO FELLOWSHIP BIBLE CHURCH.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE (FOR APPLICANTS UNDER AGE18) \_\_\_\_\_

\_\_\_\_\_  
PARENT NAME PRINTED \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE CHILDREN'S MINISTRY DIRECTOR OR DIRECTOR OF APPROPRIATE MINISTRY.  
STAFF USE ONLY

INTERVIEWED BY: \_\_\_\_\_

REFERENCES CHECKED BY: \_\_\_\_\_

BGC CLEARED: \_\_\_\_\_ ATTENDANCE APPROVED IF NECESSARY: \_\_\_\_\_