

Ministry Application



Today's Date: _____

Name: *(Please Print)* _____
Last (Maiden Name) First Middle

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Number of years at this address: _____. If less than 5 years, list previous address below.

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Driver's License: _____ State: _____

Current Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Current Employment: _____ Occupation: _____

Employer Phone #: _____ Contact: _____

Previous Employer, if less than 5 years at current employment: _____

Previous Employment Phone Number and Contact: _____

Marital Status: Married ___ Separated ___ Divorced ___ Cohabiting ___ Single ___

If married, spouse's name: _____

Children's name and ages (if any): _____

Emergency Contact Information Name: _____

Relationship: _____ Phone: _____

Describe your relationship with God: _____

Local Church Affiliation: _____

Church Address: _____

How long have you consistently attended this church: _____ Member: Yes___ No___

Other than the worship service, how are you connected with this church? _____

List other churches you have attended in the past 5 years: _____

Have you been convicted or entered a guilty plea or no contest to any crime other than a minor traffic violation? Yes___ No___

Have you provided illegal substance to minor(s)? Yes___ No___

Have you ever been charged with sexual harassment? Yes___ No___

Have you ever been investigated by Child Protective Services or any Law Enforcement Agency? Yes___ No___

Do you have any health concerns that might impact your ability to perform the function of a ministry position? Yes___ No___

(If you responded "yes" to any of the above questions, please explain here and on the back of this page:

Describe your volunteer or career experience with children or youth: _____

List your gifts, training, and education that prepare you for ministry with minors: _____

Do you have an age group preference for ministry, and why? _____

Personal (Non-Family) References

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Read Carefully

I certify that the information I have provided is true and correct to the best of my knowledge. I authorize any references, churches, employers, and organizations listed in this application to give you information they may have regarding my character and fitness to work with minors. I agree to allow you to have a background check conducted. I release and hold harmless from all liability any individual or organization requesting, supplying, or verifying information in connection with this screening process.

Applicant's Signature: _____ Date: _____

Print Your Name: _____

Social Security Number: _____

Attach a photocopy of your current driver's license or government-issued photo I.D.

This document is to be used as a sample when developing policies, procedures and forms. It is not to be used "as is" without appropriate adaptation for your church/district and in consultation with local legal counsel.

MINISTRY APPLICATION PROCESSING

Your Church Name

Your Church Address

(For Office Use Only)

Name of Ministry Applicant:

- | | |
|--|-------------------------|
| <input type="checkbox"/> Completed and signed Ministry Application | Date Received: |
| <input type="checkbox"/> Photograph of Applicant on file | Date Received: |
| <input type="checkbox"/> Interviewed By: | Date Interviewed: |
| Attach interview questions and responses | |
| <input type="checkbox"/> Reference Checks (minimum of 2 on each applicant) | Date Completed: |
| Attach completed Reference Record Check forms | |
| <input type="checkbox"/> Criminal Background Check | Date Completed: |
| Attach Background Check findings | |
| <input type="checkbox"/> Applicant Status: | Accepted___ Rejected___ |
| Explain: | |
| <input type="checkbox"/> Safety Training | Date Completed: |
| <input type="checkbox"/> Certificate given or sent to Applicant | |
| <input type="checkbox"/> Certificate placed in Volunteer's or Staff file | |
| <input type="checkbox"/> Annual Training and Review | Date: |
| | Date: |
| | Date: |
| | Date: |

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