

Kid Ministry Volunteer Application

At the request of our insurance company and to properly cover the liability of our church, all children and ministry workers must completely fill out the following application. The purpose of this form is to guarantee the protection and welfare of the children of our church. We appreciate your cooperation.

PERSONAL INFORMATION

Name _____ Date: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Occupation: _____ Birth date: _____

Where would you like to serve: (Please circle one)

Noah's Park (6 weeks – Pre- K)	Quest (Kindergarten - Grade 5)	Access (Special Needs)	Awana (Mondays) (2's - Grade 12)	Check-in
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What hour would you like to serve: (Please circle one)

8:00AM

9:30AM

11:15AM

MINISTRY EXPERIENCE

Please list the names and addresses of other churches you have attended in the last 5 years:

Please list all previous church work involving children or youth. (Church's name, type of work, and dates)

GIFTS

What do you understand your spiritual gifts to be?

BACKGROUND

Have you ever been convicted or pled guilty to a crime? No Yes (If yes, please explain)

Have you ever had any experience with abuse or molestation that could hinder you, in any way, from effectively ministering to children? No Yes (If yes, please explain)

Do you have a current driver's license? No Yes Driver's License #: _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____

PHONE: _____

CHRISTIAN WALK

1. What do you do consistently to keep yourself spiritually fresh and authentic?

2. How can we pray for you personally?

PERSONAL TESTIMONY

Briefly write how you came to know Christ and what He is presently doing in your life.

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 MAY HAVE REGARDING MY CHARACTER AND FITNESS FOR WORKING WITH CHILDREN OR STUDENTS. IN CONSIDERATION OF THE RECEIPT AND EVALUATION OF THIS APPLICATION BY MOUNT ARARAT BAPTIST CHURCH, I HEREBY RELEASE ANY INDIVIDUAL, CHURCH, REFERENCE, OR ANY OTHER PERSON OR ORGANIZATION, INCLUDING TRUSTEES, BOTH COLLECTIVELY AND INDIVIDUALLY, FROM ANY AND 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 ATTEMPTS TO COMPLY, WITH THIS AUTHORIZATION. I 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 BE BOUND BY THE POLICIES OF MOUNT ARARAT BAPTIST CHURCH, AND TO REFRAIN FROM UNSCRIPTURAL CONDUCT IN THE PERFORMANCE OF MY SERVICES ON BEHALF OF THE CHURCH.

I FURTHER STATE THAT **I HAVE CAREFULLY READ THE ABOVE RELEASE AND KNOW THE CONTENTS THEROF, AND I SIGN THIS RELEASE OF MY OWN FREE WILL.** THIS IS A LEGALLY-BINDING AGREEMENT WHICH I HAVE READ AND UNDERSTOOD.

SIGNATURE _____ DATE: _____

PRINT NAME _____