

Children's Ministry Application

Calvary
Community
A Church of the Nazarene

Name _____
Address _____
City _____ Zip _____
Phone _____ Email address _____
Age (check one) ☐ Under 18 ☐ Over 18: ☐ Copy of Driver's License Attached
☐ Birthdate _____ ☐ Copy of Social Security Card Attached
Spouse's name (if applicable): _____
Children's names, ages and birthdays _____
Favorite Candy _____
Favorite Color: _____

Current occupation: _____ Employer/date of employment: _____
How long have you been attending this church? _____
Are you a member of this church? ☐ Yes ☐ No Membership date: _____

It is our desire to provide a safe, consistent, and spiritually-nurturing environment for the children who come to our church. To accomplish this goal, we ask that you fill out the following information.

Thank you for the time you will devote to this application. When completed, please mail this form to the church or put it in Pastor Judi's church mail box. Thanks!

PREVIOUS MINISTRY EXPERIENCE

Have you served in a church before? _____ If so, please describe your last service: _____

Position: _____ Dates of service: _____
Church name: _____ Address: _____
Church city: _____ State: _____ Phone #: _____
Ministry Supervisor: _____

Desired Age Group/Area of Service
(check one)

<input type="checkbox"/>	Nursery (birth - 2 yrs)
<input type="checkbox"/>	3 yr. old
<input type="checkbox"/>	4's & 5's
<input type="checkbox"/>	K-fifth grade
<input type="checkbox"/>	Administrative
<input type="checkbox"/>	FX (Family Worship Experience)
<input type="checkbox"/>	Computer/Technical Support

Desired Volunteer Time
(check one)

☐ Sun. 9:15 am
☐ Sun. 10:45 am
☐ Special Events

For office Use

Background	<input type="checkbox"/>
References	<input type="checkbox"/>
Orientation	<input type="checkbox"/>
Name Badge	<input type="checkbox"/>
Child Abuse	<input type="checkbox"/>
Seminar	<input type="checkbox"/>



Music
Destination Desk

CHRISTIAN TESTIMONY

When did you become a Christian? Date:

Briefly describe the events that led up to your becoming a Christian. What condition is your spiritual life?

(Please use the back of this sheet for your answer.)

SCRIPTURAL / SPIRITUAL BELIEFS

Because we in the children' ministry have a significant influence in the shaping of a child's spiritual life, we believe we should agree on the "basics" of our Christian faith. Below is a brief statement of what our church believes and teaches. If you agree with these beliefs, please sign your name below to verify that agreement. If you differ with these beliefs, and do not wish to sign the agreement, please contact Pastor Judi to discuss your views.

WHAT WE BELIEVE

"If you confess with your mouth, 'Jesus is Lord' and believe in your heart that God raised him from the dead, you will be saved." Romans 10:9 NIV)

We recognize that the privilege of people to be members of the body of Christ rests upon the fact of their being saved. Therefore, we require of our members a statement of faith only in those matters that are essential to being a disciple of Jesus Christ.

We believe:

In one God - the Father, Son and Holy Spirit.

1. That the Old and New Testament are fully inspired and that all truth necessary for
2. salvation and a faithful relationship with God are contained in them.

- That human beings are born with a selfish nature and are, therefore, inclined to do what
3. is evil.

- That those who never turn from evil or believe in Jesus Christ are eternally lost.
- 4.

- That Jesus Christ died for all humanity; and that whoever repents and believes in the
5. Lord Jesus Christ is delivered from sin and welcomed by God as His child.

- That believers are to become fully devoted followers of Christ.
- 6.

- That the Holy Spirit assures us that we are children of God and that we are pleasing
7. to Him.

- That our Lord will return, the dead will be raised and the final judgment will take place.
- 8.

PERSONAL BACKGROUND

Have you ever been arrested for, convicted of, or pleaded guilty or "no contest," to a criminal act?

Have you ever been accused, arrested or convicted for any sexually-related crime?

Have you ever been accused, arrested or convicted for any abuse-related crime?

Do you use illegal drugs?

Have you ever been hospitalized or treated for alcohol or substance abuse?

Have you ever, to your knowledge, been investigated by Child Protective Services, or any other governmental agency involved with the protection of children?

If you answered "yes" to any of these questions, please explain each one separately (use an additional page if necessary):

Why do you want to work with children?

PERMISSION TO CHECK BACKGROUND

I give the church permission to check my references, church history, personal or criminal background using the information that I have provided in this application. I understand that by submitting this application I am willfully permitting to this background check process. I understand that the personal information learned from such background checks will be held confidential by the church staff.

Applicant Signatur _____

Date _____

VERIFICATION OF TRUTHFULNESS

I affirm, to the best of my knowledge, that the information on this application is correct.

Applicant Signature _____

Date _____

PREVIOUS CHURCH ATTENDANCE

List the churches you have attended regularly over the past seven years. Use an additional page to list more churches if needed.

Church Name: _____ state: _____

City: _____

Phone #: _____

Church Name: _____

City: _____

Phone #: _____

Pastor: _____ state: _____

Dates Attended: _____

Pastor: _____

Dates Attended: _____

PERSONAL REFERENCES

Please give four nonfamily character references. One must be a member of this church.* All references will be contacted. No application will be accepted without reference information fully completed.

1.

Name _____

Address _____

City _____

State/zip _____

Phone _____

Relationship _____

Years known _____

2.

Name _____

Address _____

City _____

State/zip _____

Phone _____

Relationship _____

Years known _____

3.

Name _____

Address _____

City _____

State/zip _____

Phone _____

Relationship _____

Years known _____

4. (Church Member)

Name _____

Address _____

City _____

State/zip _____

Phone _____

Relationship _____

Years known _____