

## Children's Ministry Volunteer Application

**Office Use**

Date Received: \_\_\_\_\_

Approved:  Yes  No

Admin's Name: \_\_\_\_\_

### A. Personal Information

Name \_\_\_\_\_

Any other names that you have had legally \_\_\_\_\_

Name you want to go by \_\_\_\_\_

Current Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

xxx-xxx-xxxx

xxx-xxx-xxxx

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

xxx-xxx-xxxx

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

mm/dd/yyyy

Marital Information:  Single  Married  Divorced  Remarried  Annulled  Widowed

If Married - Date of Marriage: \_\_\_\_\_ Full Name of Spouse \_\_\_\_\_

Sex:  Male  Female T-Shirt size: \_\_\_\_\_ Polo Shirt size: \_\_\_\_\_

(If female, please list T-Shirt size for men's sizes **and** women's sizes)

### B. Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

xxx-xxx-xxxx

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Night Phone: \_\_\_\_\_

xxx-xxx-xxxx

Email: \_\_\_\_\_

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### C. Background Information

Have you ever been suicidal? Yes No

Have you ever been in any type of rehabilitation Program or facility? Yes No

If yes, please specify where and contact information . \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or charged with any violation of a law or ordinance? Yes No

Have you ever been discharged or asked to resign from any job? Yes No

#### Do you currently or have you in the last five years:

Used tobacco products Yes No

Used illegal drugs Yes No

\*\*If you replied yes to any of the questions in this heading, please attach a written explanation.

Have you ever been convicted of a crime? Yes No

If yes, please state nature of offenses, when, where (exact location), and disposition on a separate page.

NOTE\*\* Church of the Living God reserves the right to check all applicant records for criminal records prior to acceptance.

### D. Personal Walk

Give date and place when you accepted Christ. \_\_\_\_\_

Have you been baptized in water? No Yes. Date and location \_\_\_\_\_

Evaluate your present spiritual relationship with the Lord. Describe the pattern of your personal devotional time.

How long have you attended Church of the Living God? \_\_\_\_\_ Are you a member? No Yes

List (name and address) any other churches you have attended regularly during the past five years.

Have you taken the Alpha course? No Yes

Are you currently attending a Growth Group or Crew? No Yes. If yes, which one? \_\_\_\_\_

## Children’s Ministry Volunteer Application

**Church of the Living God**  
**Release and Authorization of Release of Information**

To whom it may concern:

I, \_\_\_\_\_, am a children’s ministry volunteer at Church of the Living God. I authorize Church of the Living God to contact any person or entity to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, governmental agencies and references that I listed in my application. Without limiting the foregoing, I understand and agree that this release allows the Department of Social and Health Services, including, but not limited to, Child Protective Services, to release information concerning me. I hereby release and agree to hold harmless from liability any person or organization (whether listed in my application or not) who provides information or references about me to Church of the Living God or its employees, volunteers, and agents with respect to the obtaining of such information about me. I waive any right I might have to inspect the references provided on my behalf. A copy of this release shall be as effective as a signed original.

I have read this release and authorization of release of information, and enter it freely and voluntarily.

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Address Birth date (mm/dd/yyyy)

Applicant’s Signature	Date	Please Print Name	Date
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Parent/Guardian Signature <small>(if applicant is under 18 years of age)</small>	Date	Please Print Name	Date
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\*\*\* Record Retention Policy: All background checks will be kept in a secure encrypted file in our online database through Fellowship One with access being limited to the Executive Pastoral Staff and the Staff Administrator. Applications and background checks shall be kept on file no less than three (3) years after the date of termination of the employee or volunteer.

### Background Check Policy