

Children's Ministry Volunteer Application

Office Use: Date Received: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Marital Information Single Married Divorced Remarried Annulment 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. Medical Background

How would you describe your health? Excellent Good Fair Poor

List any allergies _____

List any physical limitations _____

Have you ever had an eating disorder? Yes No

If yes, which disorder and describe your current stability _____

Have you ever been diagnosed with depression? Yes No

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 . _____

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C. Emergency Contact Information

First Emergency Contact, _____ Relationship to applicant? _____

Address: _____ Day Phone: _____
XXX-XXX-XXXX

City: _____ State: _____ Zip: _____ Night Phone: _____
XXX-XXX-XXXX

Email: _____

D. Background 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. A separate email may be attached for online application.

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

E. Education

Do you attend school? No Yes School Name: _____ Grade: _____ GPA: _____

Are you a high school graduate? No Yes School Name: _____ Year: _____

Full names of past colleges, universities, or seminaries	State	Date of Graduation or years completed	Major/Minor

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F. Employment

Employer (Begin with current employer)	City	ST	Date Began	Date of Leaving	Title / Job Description

G. 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? No Yes. If yes, which one? _____

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What are your top 3 strengths and weaknesses?

Strengths

1. _____
2. _____
3. _____

Weaknesses

1. _____
2. _____
3. _____

H. Skills, Giftings, and Ministry

What ministries, both in CLG and elsewhere, have you been involved in and to what extent?

What experience have you had working with children?

In addition to English, in what other languages can you communicate? _____

Language Level of Fluency (speak, read, write?) Years studied _____

What do you understand your top four spiritual gifts to be? Place in order.

- | | | | |
|-------------------|---------------|-----------------|-------------|
| ___Administration | ___Evangelism | ___Intercession | ___Prophecy |
| ___Encouragement | ___Faith | ___Shepherding | ___Miracles |

What position(s) are you applying for / interested in?

- Sunday School Teacher (specify grade level) _____
- Sunday School Assistant (specify grade level) _____
- Nursery Volunteer
- Special Needs Volunteer

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State your reasons for applying to this position as a children's worker.

Please read below and sign to indicate that you believe the following. (If you have any questions please feel free to speak with a pastor.)

I believe that God is the Creator and Ruler of the universe and that He is eternally existent in three Persons: Father, Son and Holy Spirit. I believe that Jesus Christ, the Son of God, was born of the Virgin Mary, lived a sinless human life and offered Himself as the perfect sacrifice for the sins of all people by dying on a cross. He rose from the dead after three days to conquer sin and death. Salvation is God's free gift to us and is available only through faith in Jesus. I believe the Holy Spirit lives in every Christian from the moment of their salvation. He provides the believer with power for living the Christian life and makes available to every believer spiritual gifts and abilities for the building up of the Church. I believe the Bible is the inspired and authoritative Word of God.

Applicant's Signature

Date

Please Print Name

Please give your response to the following question. Accompany your answer with scripture backing.
What do you believe about the Great Commission?

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Please read the following carefully and sign below:

Having prayerfully considered my desire to fulfill what I believe is God's will for my life; I hereby apply to the position of children's worker at Church of the Living God. I am aware that this application is the first step in a journey and I am willing to walk through these steps. I certify that all information and responses I have provided in this application are true. I authorize Church of the Living God to investigate all of my responses herein for accuracy and completeness and I grant Church of the Living God my permission to investigate all prior employment, professional, military, educational and criminal records. I understand that any false or misleading statements, or omissions, made by me on this application will be grounds for dismissal from this ministry.

Applicant's Signature

Date

Please Print Name

Parent/Guardian Signature
(if applicant is under 18 years of age)

Date

Please Print Name

Please mail to: Church of the Living God, attn. Aaron Dion, 199 Deming St, Manchester, CT 06042
Or email to: adion@clgonline.net with "Children's Ministry Application" in the subject line