



Children's Ministry Application Packet

Name: _____

Children's Ministry Application

Celebration Church

General Information

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Email: _____

Emergency Contact: _____ Phone: _____

Do you have any children? _____ How Many? _____

Do you have any grandchildren? _____ How Many? _____

Do you have concerns or commitments in your life right now that might conflict with your involvement in children's ministry (i.e. family, relationships, etc.)? _____

What are some of your interests and hobbies? _____

Do you have talents or gifts (i.e. music, art, writing, photography, etc.)? _____

Are you interested in using your talents or gifts for ministry? _____

Spiritual & Ministry

Please write a brief testimony about HOW and WHEN you became a Christian: _____

List 3 major way you've grown in your spiritual walk since becoming a Christian: _____

What do you do to continue your spiritual growth? _____

What accountability do you have in your spiritual walk? _____

How long have you attended Celebration Church? _____

Would you feel comfortable praying with and/or leading a child to receive Jesus Christ as his/her personal Savior? ____ Yes ____ No Would you like more training in this area? _____

What spiritual gifts do you feel you have and how would you like to use them at Celebration Church? _____

What other ministries have you been involved in at Celebration Church?

What ministries are you currently involved with?

What other ministries outside of Celebration Church have you been involved with?

What are some of your expectations of the children's ministry staff?

Explain why you want to work in children's ministry here at Celebration Church?

References

Name: _____ Relationship: _____

Years Known: _____ Phone: _____

Name: _____ Relationship: _____

Years Known: _____ Phone: _____

Name: _____ Relationship: _____

Years Known: _____ Phone: _____

Applicant's Statement

The information contained in this application is complete and correct to the best of my knowledge. I authorize any references or churches listed to give you any information they have regarding my character and fitness to volunteer with children and I release all such references from liability for any damage that may result from furnishing such evaluation to you. I understand that all information will be held confidential by the professional church staff.

Should my application be accepted, I agree to be bound by the Constitution, Bylaws and Policies of Celebration Church. I will yield to the leadership of Celebration Church and will refrain from unscriptural conduct in the performance of my services. I understand that failure on any of these points may result in dismissal as a volunteer.

Signature: _____ Date _____

Permission to Obtain a Background Check

(For applicants 18+ years only)

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as “consumer”), authorize Celebration Church through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Celebration Church if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: _____
 First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
 Street/P. O. Box City State Zip Code County Dates

Former Address: _____
 Street/P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver’s License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender: _____