Check desired ministry area: ❑ **Middle school** ❑ **Senior high** ❑ **College-age**

Basic Information

Name _____
First MI Last

Address _____
Street Address City State Zip

Phone numbers _____
Home Work Cell Pager / beeper

Best times to reach me at home are _____ May we call you at work? ❑ Yes ❑ No

Employer _____ Employer address _____

Position at work _____ Years at current job _____

Email _____ Social Security # _____ Driver's License _____

Church membership: ❑ Member ❑ Regular attendee

How long have you attended our church?

Emergency contact _____ Phone _____
name and relationship

Family Information (optional)

Marital status (circle one): ❑ Single ❑ Married (anniversary date _____) ❑ Divorced

If married, spouse's name _____

If you have children, their names and ages:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Education

High school City State Grad year

College/tech school City State Grad year

Degree and major Minor

Other education, training, and licenses

Ministry Experience (list most recent first)

Church (name, city, state, and zip)	Dates	Area of service	Contact person	Phone
1.				
2.				
3.				

Tell Us About Yourself

1. When and how did you become a Christian?

2. What have you been doing to grow spiritually in the past year?

3. What would you do to maintain your spiritual growth as a volunteer?

4.What are your expectations of the youth ministry team?

5. Explain your background in student ministry at this church or elsewhere

6. What special qualities or qualifications would you contribute as a volunteer staff member?

7. What is your belief concerning the following issues:

    a. The authority of the Bible

    b. Use of tobacco, drugs alcoholic beverages

    c. Premarital/extramarital sex

    d. Homosexuality

References

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background. (Please mail one copy of **Letter of Reference for Staff Application** and an addressed, stamped envelope to each of these references, and ask them to mail it back to the church office.)

1. _____
Name Address Home / work phone Relationship

2. _____
Name Address Home / work phone Relationship

3. _____
Name Address Home / work phone Relationship

Self-Description

Please circle the words that best describe you, and cross out words that least describe you.

trustworthy *dependable* *active* *compassionate* *reliable* *self-starter* *punctual* *flexible*

laid-back *quick thinker* *spontaneous* *decisive* *teachable* *team player* *humorous*

thoughtful *solitary* *leader* *cautious* *risk taker* *patient* *reflective* *honest*

organized *creative* *disciplined* *faithful*

What are your spiritual gifts?

Please list any personal weaknesses, areas where you need to grow, or special concerns that could affect your ministry with students.

1._____

2._____

3._____

Medical Information

Have you had any prior injuries that might be aggravated by working in youth ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Do you have any medical conditions that might be hazardous to others?

If you answered yes to any of the questions above, please attach another page and explain completely.

Background information

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?
❑ yes ❑ no

Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs?
❑ yes ❑ no

Are you using illegal drugs?
❑ yes ❑ no

Have you been arrested or convicted for any criminal act more serious than a traffic violation?
❑ yes ❑ no

Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult?
❑ yes ❑ no

Have you ever been a victim of any form of child abuse?
❑ yes ❑ no

If yes, would you like to speak to a counselor or pastor?
❑ yes ❑ no

Have you ever gone through treatment for alcohol or drug abuse?
❑ yes ❑ no

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer?
❑ yes ❑ no

Is there anything in your past or current life that might be a problem if we found out about it later?
❑ yes ❑ no

I have read the church's statement of faith, **Staff Expectations**, and **Reducing the Risk of Physical and Sexual Abuse** enclosures and agree to be bound by them. ❑ yes ❑ no initial here: _____

If the answer to any of the above questions is yes, please attach another page and write a full explanation. These will be discussed confidentially during your interview.

Waiver / Release

I, the undersigned, give my authorization to _____ (church name) representatives—hereafter referred to as The Church—to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church youth ministry worker. I am willing to request and submit to The Church background reports on myself from the (state) Department of Social Services central registry.

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 student ministry. In consideration of the receipt and evaluation of this application by The Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because 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 constitution, statement of faith and policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

_____
Print name

_____
Signature

_____ _____
Witness Date