

# CHILDREN'S MINISTRY VOLUNTEER APPLICATION



This confidential application is to be completed by all serving in any ministry position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children who participate in our programs.

## TELL US ABOUT YOURSELF

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

Address: \_\_\_\_\_

Phone: (mobile) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

Are there any physical handicaps or conditions preventing you from performing certain types of activities with children? \_\_\_\_\_

Tee shirt size: \_\_\_\_\_

## SPIRITUAL HISTORY

Have you accepted Jesus as your Lord and Savior?  Yes  No

How are you growing in your relationship with Christ? \_\_\_\_\_  
\_\_\_\_\_

## CHURCH AND MINISTRY BACKGROUND

*Please give your last place of worship and one reference:*

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ How did you serve at this church? \_\_\_\_\_  
\_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

How long have you attended SMCC? \_\_\_\_\_ Are you a member?  Yes  No

Summarize the history of your involvement at SMCC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any physical handicaps or conditions preventing you from performing certain types of activities with children? \_\_\_\_\_

What previous ministries or work have you been involved in, especially related to children? \_\_\_\_\_  
\_\_\_\_\_

What special talents, education or skills do you have which you believe would be valuable in Children's Ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What area are you interested in serving? (check all that apply)

- 8 weeks-2 years
- 3 years-Kinder
- 1st-3rd Grade
- 4th-5th Grade
- Check-In/Greeter
- Special Needs
- Weekday Ministry/AWANA

What service can you serve? (check all that apply)     Saturday, 5pm     Sunday, 9am     Sunday, 10:45am

How Often?     Every Weekend     Twice a month     Once a month

Are you currently CPR Certified?     Yes     No    Are you currently First Aid Certified?     Yes     No

Have you ever been denied the opportunity to work with children at a church, institution, or any other setting?     Yes     No

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child?     Yes     No

Have you ever been convicted of a criminal offense, including the illegal use or sale of drugs?     Yes     No

### APPLICANT'S STATEMENT

I understand that by being involved in Children's Ministry at Shadow Mountain Community Church I am making a commitment to the following responsibilities:

- I will maintain my personal relationship with Jesus Christ through devotional Bible reading, fellowship with other Christians, and make an effort to be involved in a Small Group
- I will regularly attend worship services
- I will pray regularly for the children for whom I am responsible
- I will cooperate in a spirit of unity and loving support with my Children's Ministry Director and support staff/volunteers
- I will arrive at my place of ministry on time and be well-prepared, striving to present God's Word clearly
- I will provide a fun and safe environment for the children whom I minister
- I will make every effort to attend all volunteer meetings and enrichment classes offered

The information contained in this application is correct to the best of my knowledge. I authorize any references or other organizations listed in this application to give you any information they may have regarding my character and fitness for Children's Ministry, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I understand that personal information will be held confidential by the professional church staff.

I have recieved and read the policy handbook for Shadow Mountain Kids and I agree to abide by all policies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Thank you for completing this application. Please return this to the SMK office or to any of the SMK staff. You will be contacted soon regarding your involvement in our Children's Ministry.

Staff Use Only

Interviewed By: \_\_\_\_\_

References Checked By: \_\_\_\_\_

Background Check Cleared?    Y / N

