

CHILDREN'S MINISTRY APPLICATION

This ministry application will help serve all parishioners seeking a ministry opportunity for any position (volunteer or compensated) involving the supervision or custody of minors. Persons seeking to serve with children will be required to complete this form. It is being used to help Mount Paran Church of God provide a safe and secure environment for children who participate in our programs and use our facilities.

GENERAL

Last Name: _____ First Name: _____ Middle Initial: _____

Home #: _____ Work #: _____ Beeper # (if applicable): _____

Address: _____

City: _____ Zip: _____ Birth Date: ____ / ____ / ____

Emergency Contact: _____ Phone #: _____

Spouse's Name: _____

List Children and Ages: _____

Drivers License # and State: _____

Please check area of ministry interest.

- ' Nursery
- ' Preschool
- ' Grade School

Please check the time you are interested in serving.

- ' Sunday 9:00 A.M.
- ' Sunday 9:45 A.M.
- ' Sunday 11:00 A.M.
- ' Sunday 7:00 P.M.
- ' Wednesday 7:00 p.m.

BACKGROUND

When did you join Mount Paran Church of God? _____

Have you previously served in a Mount Paran Central Ministry? ' Yes ' No

List other churches that you have attended regularly during the past five years: _____

(continued)

MINISTRY APPLICATION, continued

List all previous church work (list each church's name and address, type of work performed, and dates):

Have you been convicted or pleaded guilty to any crime? ' Yes ' No (If "Yes," please explain.)

TEMPERAMENT

Please circle the words below that best describe your temperament

Compassionate	Leader	Flexible	Intelligent	Introvert	Energetic
Communicator	Balanced	Feeler	Teachable	Extrovert	Self-starter
Prefer Routine	Laid-back	Thorough	Up Front	Strong-willed	Follower
Prefer Variety	Trusted	Honest	Sensitive	Risk-taker	Structured
Behind-the-Scenes	Humble	Reliable	Patient	Friendly	Loyal
Even-tempered	Work Alone	Team Player	Responsible	Thinker	

What are your areas of weakness?

REFERENCES

Please include one pastoral, one personal, and one professional reference.

Name: _____ Years Known: _____

Relationship: _____ Phone #: _____

Name: _____ Years Known: _____

Relationship: _____ Phone #: _____

Name: _____ Years Known: _____

Relationship: _____ Phone #: _____

(continued)

MINISTRY APPLICATION, continued

INTERVIEW

Please attach separate sheets of paper if more room is needed to answer the questions.

Do you feel called to serve in children's ministry? ' Yes ' No Why?

Why do you think it is important to work with children?

Have you every been convicted of child abuse? ' Yes ' No (If "yes," please explain.)

If you prefer, you may refuse to answer this question, or you may discuss your answer in conference with the director of children's ministry rather than answering it in this form. Answering "Yes" or leaving it blank WILL NOT automatically disqualify an applicant for children's work.

EDUCATION

High School: _____ Did you graduate? ' Yes ' No

College: _____ Years? _____ Degree? _____

Other Schooling: _____

VOCATIONAL EXPERIENCE

What skills, natural talents, or special abilities do you possess?

(continued)

MINISTRY APPLICATION, continued

What employment/vocational experiences in the marketplace have you had that could be used in children's ministry?

GIFTS

Please check the top four gifts you feel you possess.

- | | | | |
|------------------|-----------------|---------------|----------------|
| ' Administration | ' Communication | ' Giving | ' Intercession |
| ' Teaching | ' Discernment | ' Healing | ' Leadership |
| ' Counseling | ' Encouragement | ' Helps | ' Mercy |
| ' Craftsmanship | ' Evangelism | ' Hospitality | ' Prophecy |
| ' Discipleship | ' Other _____ | ' Other _____ | ' Other _____ |

TESTIMONY

Please give an account of your salvation experience and any other significant experiences with God.

(continued)

MINISTRY APPLICATION, continued

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

Because we care about you and our kids, we now need to request your permission to perform a criminal records check. Please know that past mistakes will not necessarily negate you from ministry at the present time. However, in light of several recent court rulings, we now find it necessary to request your permission to obtain this information.

Your cooperation with this uncomfortable and awkward request is greatly appreciated.

I hereby request the _____ Police Department to release any information that pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said police department from any and all liability resulting from such disclosure.

Signature

Print Name

Print Maiden Name (if applicable)

Print All Aliases

Date of Birth

Place of Birth

Social Security Number

Today's Date

Record Check Sent To:

Name: _____

Address: _____

(continued)

MINISTRY APPLICATION, continued

RECORD OF CONTACT WITH REFERENCE OR CHURCH IDENTIFIED BY AN APPLICANT FOR YOUTH/CHILDREN OR ADULT WORK

CONFIDENTIAL

1. Name of Applicant: _____
2. Reference or church contact (if a church, identify both the church and person, or minister contacted):

3. Date and time of contact: _____
4. Person contacting the reference or church: _____
5. Method of contact (e.g., telephone, letter, personal conversation): _____

6. Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness and suitability for youth/children's/adult work):

Legible Signature

Position

Date