



Children's Ministry Partner ADULT Application Form

In our desire to reduce the risk of abuse within our church, we believe this information is necessary to protect the children and other vulnerable persons involved in our ministry and to place our Ministry Partners in effective positions. Thank you in advance for your partnership.

PERSONAL INFORMATION

Full Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Education and/or Occupation

Hobbies, Interests or Skills

CHURCH HISTORY

How long have you attended New Life Community Church? _____

How were you introduced to New Life? _____

Do you attend regularly (2 or more services per month)? Yes No

Are you a member of New Life Community Church? Yes No

Do you currently serve in any other ministry at New Life? If so, which ministry? Yes No

Did you regularly attend another church in the past 5 years? If so, which church? Yes No

YOUR TESTIMONY

Share a brief testimony of how and when you became a Christian. Tell us about circumstances or people that influenced your decision to follow Christ or have contributed to your spiritual journey.

How is God working in your life currently? Describe your current relationship with Him.

INVOLVEMENT IN CHILDREN’S MINISTRY

What has prompted your interest in Children’s Ministry? Why would you like to get involved?

List any gifts, talents, training or other abilities you have that would contribute to your service.

List present and previous experience with children or Children’s Ministry (if applicable):

- 1. Organization _____ Phone _____
Area(s) of Service & Dates _____
- 2. Organization _____ Phone _____
Area(s) of Service & Dates _____

AREAS OF INTEREST

Please indicate which service you prefer to serve in: 9:30am 11:15am

Please check off any age groups or areas in which you are interested in serving:

Visitor Desk Nursery (0-3yrs) JK/SK Grades 1-3 Grades 4-5

Are willing to be a main teacher in these classes? Yes No, I prefer to be an assistant

CONFIDENTIAL INFORMATION

In order to provide a safe and secure environment for the children, youth and vulnerable adults within our ministries, we believe it is necessary to include the following questions as part of our application process.

Please answer honestly. All information will be kept confidential by church leadership. Answering yes to any of the questions will not, necessarily, preclude your involvement in ministry. Thank you in advance for your understanding.

- 1. Do you have any special needs, health concerns, or other conditions that could limit your ability to serve and work with children at New Life Community Church? Yes No
- 2. Have you ever received treatment for or had any reason to think you may need treatment for an addiction to alcohol, drugs, gambling or pornography? Yes No
- 3. Have you ever been expelled, reprimanded, or disciplined in another way by a church, denomination or other religious organization? Yes No
- 4. Have you ever been the subject of any disciplinary action (including discharge) or investigation by a church, religious organization, or employer? Yes No
- 5. Have you ever been accused of impropriety toward children, youth or vulnerable adults? Yes No
- 6. Have you ever been the subject of a lawsuit involving immoral conduct directed toward children, youth or vulnerable adults? Yes No
- 7. Have you ever been arrested or convicted for any abuse-related crimes? Yes No
- 8. Have you ever been convicted of any criminal offense? Yes No
(excludes minor traffic violations)

If you have answered yes to any of the above questions, please explain.

Do you agree to allow us to conduct a Police Records Check? Yes No _____
Initial

REFERENCES (no relatives please)

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside of New Life Community Church.

1. Name _____ Phone _____

Email Address _____

Relationship _____ Years known _____

2. Name _____ Phone _____

Email Address _____

Relationship _____ Years known _____

3. Name _____ Phone _____

Email Address _____

Relationship _____ Years known _____

PERSONAL AGREEMENT

I agree to the following statements:

The information in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children, and I release of such from any liability for damages that may result from the release of such information.

I understand that the personal and confidential information given will be held confidential by the professional staff of New Life Community Church (NLCC) and will only be released to those necessary in making a decision regarding this application (and to those as required by law).

Should my application be accepted, I agree to the following expectations:

- I will make my best efforts to attend NLCC on a regular basis.
- I will make my best efforts to attend all meetings, trainings and events for my ministry area
- I will arrive at least 10 minutes prior to my serving time.
- I will contact my Ministry Leader if I am not able to find a replacement first.
- During my service, I will conduct myself in a manner consistent with the beliefs of NLCC.
- I understand that the staff of NLCC are entitled to terminate my assistance should my character or morals be deemed to be inappropriate or criminal.
- I will give at least 30 days notice if I am no longer able to serve in Children’s Ministry.

I HAVE CAREFULLY READ THIS APPLICATION AND RELEASE, AND KNOW THE CONTENTS THEREOF:

Applicant Signature _____ Date _____

Witness Signature _____ Date _____