

VALLEYBROOK COMMUNITY CHURCH
MINISTRY APPLICATION FOR CHILDREN/YOUTH WORK
•• CONFIDENTIAL ••

This application is to be completed by all applicants for any volunteer 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 and youth who participate in our programs and use our facilities.

PERSONAL

Name _____ Date Application Completed _____
Maiden Name (if applicable) _____ Address _____
City _____ State ____ Zip _____ Home Phone (____) _____
Cell Phone (____) _____ Work Phone (____) _____ Date of Birth ____/____/____
Best time to call: Morning _____ Afternoon _____ Evening _____
Marital Status: Single ____ Married ____ Divorced ____ Widowed ____ Separated ____
If married, spouse's name: _____
Children's names and ages: _____

Do you have a valid driver's license? _____ List number and state _____
Automobile Insurance Carrier _____ Policy Number _____
Policy Period _____ Social Security Number _____
For what department are you volunteering? (Circle One)
Nursery (birth to 4) VB KiD (K-4th Grade) Route 56 (5th-6th Grade) Youth (7th-12th Grade)

MINISTRY EXPERIENCE

Please describe previous and current ministry experience at other churches, including the name of the church, the church phone number and the name of the person to whom you reported:

Church _____ Ministry Experience _____

Person to Whom You Reported _____ Church Phone Number (____) _____

Church _____ Ministry Experience _____

Person to Whom You Reported _____ Church Phone Number (____) _____

List any gifts, callings, training, education, or other factors that have prepared you for children's work:

HEALTH, SAFETY & SECURITY

In order to assure the health, safety, and security of our children and students, we screen our volunteers. If any of the following situations apply to you, please check below so we may discuss how this may impact your serving in Children's/Youth Ministry.

- Do you have any physical limitations that need special arrangements in working with Children's/Youth Ministry? If so, please explain. _____
- Have you ever tested positive for HIV or TB?
- Have you ever abused drugs or alcohol, or had a problem with other addictions, such as pornography?
- Have you ever been convicted of a felony or misdemeanor?
- Have you ever been convicted or accused of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

Recognizing that abuse is a traumatic event in a person's life, and realizing that by God's grace a victim can find healing, if you are a victim of abuse who has not worked through your pain, the ministry staff is here to assist you. Please feel free to call.

PERSONAL REFERENCES

Name _____	Name _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Telephone _____	Telephone _____
Email _____	Email _____
Nature of Association _____	Nature of Association _____

AUTHENTICITY AND AUTHORIZATION

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 children/youth work. I release all such references from any liability for furnishing such evaluations to you. I waive any right that I may have to inspect references provided on my behalf.

I agree to be bound by the Bylaws and Policies of Valleybrook Community Church, and to abide by scriptural principles in my lifestyle and my ministry.

The information included in this profile is correct to the best of my knowledge.

Signature _____ Date _____

