

Volunteer Application

Staff Contacts:

Children's Ministry:

Debra Vos

dvos@aboutccc.com

Youth Pastor:

Michael Bright

mbright@aboutccc.com

Birth- 12th grade

Mailing address:

Crossroads Community
Church

1538 Janice Drive

Schererville, IN. 46375

Phone:

219.322.6400



Being used by God to change lives.

Phone: 219.322.6400

Toll Free Number:

800.891.3771

Website: www.aboutccc.com

Last update: 7/25/2012

Volunteer,

You are taking your next step toward living beyond yourself. Children's Ministry and Youth/Student Ministry have far-reaching and lasting impact!

I still remember the couple who named their daughter "Faith". They started coming to Crossroads while they were pregnant anticipating that their daughter would need a place to learn good values. What they did not anticipate was that God would change their lives in the process. When their daughter was born they named her Faith because it was her birth that had brought them back to faith in God. The work you do in JAM or Brickhouse has the potential to transform the lives of children, but it also has the potential to transform the lives of their parents.

Don't underestimate the impact you can have. Whether it is changing a diaper, chasing a toddler, telling a Bible story, or laughing through an object lesson you are living out our mission!

Before you dive in, we know it is always worth it to do a little homework together.

We want you serving in a place that is a good fit for you. Filling out this information will help us do that. Finding the right fit doesn't mean serving will always be easy but it will be a commitment that brings fulfillment to you and those you serve. Some of this is basic information, but there are parts we hope will be a reflective experience for you and will guide us in helping you find the right role.

We also take some steps to provide a safe and secure environment for the students under our care. So, along with everyone else who serves students of all ages and select leadership positions, we are asking you to go through a criminal background check.

Please fill out this application completely. The information you provide will be strictly confidential. I look forward to seeing how your unique gifts and passion will be used by God build His Kingdom through the lives of children and students that you serve!

Thanks for serving!

Kris Vos

Senior Pastor

For Office Use: Gray Area

_____BGCheck: Complete/Clear

_____Orientation:_____

_____Manual Training

_____Observations:_____

_____PCO

_____Nametag

Authorization for Criminal Records Check

(Mandatory)

A criminal records check is **mandatory** for every individual who works with or plans to work with minors at Crossroads Community Church.

I hereby request and authorize Crossroads Community Church of NW Indiana, to obtain all information which pertains to any record of arrests and/or convictions. These records may be obtained via reporting agencies and law enforcement files at the local, state and/or national level. By signing below, I release Crossroads and the agency conducting the search, from any and all liability resulting from such disclosure.

Today's Date: _____ Date of Birth: _____ Place of Birth: _____

Print Legal Name: _____ Maiden/Other Name: _____

Address: _____
Street City State Zip

Other states where you have lived : _____

Social Security : _____

Signature: _____ Gender: Male or Female

My signature above authorizes Crossroads to perform a criminal records search at any time within 3 years of today's date. Note: A report concerning a crime related to assault, battery, abuse or sexual misconduct will automatically disqualify you from working with minors. Any other reported misdemeanor or felony will be discussed with you and may be grounds for denial of application to work with minors.

Applicant's Statement

The information I have submitted is correct. I authorize any references to give Crossroads Community Church any information (including opinions) that they may have regarding my character and fitness to serve with children and/or students. I will hold Crossroads Community Church harmless of any and all liability related to the processing of this application to serve with minors. I waive any right to inspect any information provided about me by any person or organization in this application.

I agree to refrain from a pattern of unbiblical conduct.

I have read and understand the information contained in this application. I am signing this of my own free will.

Applicant's Signature: _____ Date: _____

Parent's Signature (if applicant is a minor) _____ Date: _____

Parent's Email: _____

General Information (Please Print)

Name: _____ Today's Date: _____
First Middle Last

Primary Phone: _____ Other Phone: _____

E-mail: _____

Address: _____
Street City State Zip

For other purposes:

Children's names & birthdates: _____

Marital Status: Single Separated Divorced Widowed Married (Spouse name: _____)

Teenager (My parent's email is: _____)

Background Information

Please tell us about how and when you became a Christ-follower and describe your present spiritual life: _____

In what ways has your life been impacted by Crossroads? _____

In what areas have you served at Crossroads? _____

Ministry Information

List all previous kids/youth or teen ministry experience: _____

List all non-church related experience involving kids/students: _____

List any gifts, training, or other qualifications that have prepared you to serve with kids/ students ministry: _____

Why do you want to contribute in ministry with kids or students? _____

Preferences & Availability

Please indicate the services you are available to volunteer

- Saturday 5:30 p.m.
- Sunday 9:00 a.m.
- Sunday 10:30 a.m.
- Sunday 5:00 p.m. (Brickhouse)

Age Group you prefer:

- Under 2 yrs
- Two's-Three's
- Special Needs Ministry
- Four's-Five's
- Kindergarten & 1st
- 2nd & 3rd grades
- 4th & 5th

grades

Brickhouse Student Ministries:

- Grades 6-8
- Grades 9-12

Can also help:

- Preparing Crafts/Material
- Chaperone Kids Event
- Cleaning Toys
- Weekday Ministry: GEMS, Cadets, Moppets, Other, VBS

Health Information

Do you have any medical conditions or issues of which we should be aware? No Yes

If yes, please explain here: _____

Personal References

List three references (not related to you) who you have known for at least one year and have definite knowledge of your character. Of the three, list one individual who attends Crossroads(may have known you for less than a year)

Crossroads Attendee:

Name _____ **E-mail** _____

Address _____ **Phone** _____

Street City, State Zip

Ministry at Crossroads _____

Other:

Name _____ **E-mail** _____

Address _____ **Phone** _____

Street City, State Zip

Relationship _____

Previous Church:

Name _____ **E-mail** _____

Address _____ **Phone** _____

Street City, State Zip

Relationship _____

Personal History (DO NOT SKIP THIS SECTION)

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the Children's or Student Ministry Staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

Have you ever had any experiences that might make it difficult for you to minister to children at church?_____

Have you ever been arrested, convicted or plead guilty to a crime? _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or other addiction? _____

Is there any circumstances or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of Crossroads Church?_____

If you have answered yes to any of these questions, please explain _____

(We may call you to clarify.)

(You may use the last page of this form if you need more space.)