

Children's Ministry Application



This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. This is not an employment application form. It is being used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities.

General Information:

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Date of Birth ____/____/____

Do you regularly attend our adult weekend services? (Yes / No)

If yes, since when? ____/____ (month/year)

References: List 3 adults you've known for at least one year, who are not related to you and have a definite knowledge of your character and ability to work with children.

I. Church staff member, Ministry team leader, Small group leader:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

II. Employer or fellow employee:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

III. Social friend or neighbor

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

Applicant's statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they have regarding my character and fitness for children's ministry. I authorize the release of the information contained in this application to any ministry at River Point Community Church in which I seek a volunteer position. In consideration of the receipt and evaluation of this application by River Point Community Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

Applicant's Signature: _____

Witness: _____ Date: _____

Parent Signature (if applicant is under 16): _____

Request for Criminal Records Check and Authorization

Important: Every applicant, regardless of criminal record must complete this section.

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature: _____

Print Name, Print maiden name if applicable: _____

Date of birth: _____ Place of birth: _____

Driver's License number and state: _____

Social Security Number _____