



APPLICATION FOR WORKING WITH MINORS

This application is to be completed by all workers (volunteer or otherwise) involving the supervision or custody of minors from The Well Church. This policy has been implemented to help ensure a safe and secure environment for the children and youth participating in our programs and using our facility. Thank you for providing the following information and for your interest in serving the children/youth of The Well.

CONFIDENTIAL

The information contained in this application will be kept confidential and disclosed only to those who need to review this information in order to carry out their responsibilities for The Well or as required by law.

Do you have a current Driver's License or state ID? ___ Yes ___ No

If yes, State _____ License/ID # _____ Expires _____

Legal name _____ Nick name? _____

Maiden name or other previous legal name(s) used in the last 2 years:

Address _____ City _____

State _____ Zip _____ SSN _____

Number of years living at this address _____ DOB _____

Place of Birth _____ Home Phone _____

Cell Phone _____ Email _____

Occupation _____ Hours/wk _____

Marital status: SINGLE ENGAGED MARRIED DIVORCED

 WIDOWED LIVING TOGETHER SEPARATED

Spouse's name _____

DO YOU DO ANY OF THE FOLLOWING?:

Smoke/use tobacco ____ Drink alcohol ____ Use illegal/recreational substances ____

Spiritual Life

Are you a Christian? ___ Yes ___ No

If yes, please describe how/why you became a Christian and when:

What do you do regularly to connect with God and the body of Christ?

Church Attendance:

How long have you been regularly attending The Well? Years _____ Months _____

Are you an official member of The Well? ___ Yes ___ No

What church activities do you participate in weekly? (circle)

Sunday School

Sunday Worship Service

Group Prayer

Bible Study

Other(s): _____

Previous church reference:

How many churches have you faithfully attended in the last 5 years? _____

Previous church info (within the last 5 years):

Name of church _____

Address _____

Phone _____ Email _____

Pastor's name _____

Please describe any ministries you were involved in at your previous church and give the name of the contact person for those ministries:

What types of ministry to minors are you interested in serving in? Nursery Youth
 Sunday School

Do you have any previous experience working with children/youth? Yes No

If so, please explain:

Personal (if you answer "yes" to any of the following questions, please explain on a separate sheet of paper including the date of these instances):

Do you have any physical limitations that directly affect your ability to serve in children's ministry? Yes No

Have you ever been addicted to or currently have an addiction to drugs, alcohol, pornography? Yes No

Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No

Have you ever been convicted of, or pleaded guilty to, a crime? Yes No

Have you ever been arrested or convicted for the sale of drugs? Yes No

Have you ever been accused, charged, involved in, or convicted of any act of child molestation, child abuse, assaulting a child (physically, sexually, emotionally or otherwise), or sex offenses of any nature? Yes No

Have you ever had sexual affections towards children? Yes No

Have you ever been treated for a psychiatric disorder? Yes No

Personal References:

List 2 people you have known for at least one year that have a definite knowledge of your character and qualifications to work with children. (References cannot be church staff, relatives or former employers.)

1. Reference name: _____
Address _____
Phone _____ Email _____
How do you know this person? _____
How long have you known this person? _____

2. Reference name: _____
Address _____
Phone _____ Email _____
How do you know this person? _____
How long have you known this person? _____

Application Statement

The information contained in this application is correct to the best of my knowledge. I am giving my authorization to The Well or its representatives (hereafter referred to as "the church") to verify the information on this form. The church may contact my references and appropriate government agencies.

I also authorize my references and previous churches and employers to confidentially give you any information he/she may have regarding my character and fitness for ministry with minors.

I agree to attend annual mandatory Reducing the Risk training in accordance with The Well's policy on working with youth and children.

I agree that this application does not make me an employee of the church and that The Well is free to use my services to minors or discontinue that service at their discretion.

I hereby release all references given from any liability furnishing evaluations to The Well, provided the references do so in good faith without malice. I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to comply with the policies and procedures of The Well. I will refrain from any activities that would disqualify me as an ideal applicant once I have been approved to work with minors. I will not conduct myself in an unscriptural manner in the performance of my services on behalf of the church. Serving in ministry, I will remember I am a representative of The Well and of Jesus Christ, my Savior. I understand that the church will follow the procedure outlined in Matthew 18:15-17 if I compromise this agreement.

Applicant signature _____ *Date* _____

Print name _____

Witness _____ *Date* _____

Print name _____

Parent's co-signature (if applicant is under 18yrs old) _____

Print name _____ *Date* _____

