

Date \_\_\_\_\_



## Application to Work with Minors

APPLICATION and a COPY of your DRIVER'S LICENSE may be emailed to: [edicola@trinityepc.org](mailto:edicola@trinityepc.org)

or mailed to: Trinity Church  
Attn: Evelyn DiCola  
10101 W. Ann Arbor Road  
Plymouth, MI 48170

Name \_\_\_\_\_ Home phone ( ) \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Name of spouse (If applicable) \_\_\_\_\_

Date of Birth (*MINOR only*) \_\_\_\_/\_\_\_\_/\_\_\_\_

Names of Parents or Legal Guardian (*MINOR only*) \_\_\_\_\_

Please list the names/ages/and relationships of ALL OTHERS living in your home:

\_\_\_\_\_  
\_\_\_\_\_

Are you a member of Trinity Church? ☐ Yes ☐ No Do you attend Trinity regularly? ☐ Yes ☐ No

If yes to above, **what services/classes do you attend?**

\_\_\_\_\_

Are you an active member of another church? If so, please provide information on that church:

Name of Church \_\_\_\_\_ City and State \_\_\_\_\_

Name of pastor, elder, church leader whom we may contact as a reference: \_\_\_\_\_ Phone: \_\_\_\_\_

What areas of ministry would you care to work with? ABC's in the D ☐ Children's Min. ☐ Outreach ☐ Youth ☐

MOPS Shepherds ☐ Nursery/Childcare ☐ VBS ☐ Missions ☐ Other \_\_\_\_\_

Please list any previous training/experience working with children or youth (include locations, dates, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Please briefly state your relationship to the Lord.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or have a case pending on *any type of abuse, child pornography, child abuse, or actual or attempted molestation*? ☐ Yes ☐ No

**Personal References: (NO relatives or Trinity staff members)** References will be asked to fill out a confidential questionnaire about their knowledge of you.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**FAITH ISSUES:**

Yes ☐ No ☐ I believe there is only one God existing in three persons, Father, Son, and Holy Spirit.

Yes ☐ No ☐ I believe Jesus Christ died on the cross to pay for my sins. He is my Lord and Savior.

Yes ☐ No ☐ I believe the Bible is the inspired Word of God and is the supreme and final authority of all matters over which it speaks.

Yes ☐ No ☐ I believe salvation is a gift of God's free grace and does not come through works.

Yes ☐ No ☐ I believe my purpose in life is to glorify God in all things, as a moral person, living a life of love towards others and service to Him.

Yes ☐ No ☐ I believe eternal salvation is granted when I accept Jesus Christ as my personal savior, repent of my sins and turn away from them, and live my life for Him.

**PERSONAL ISSUES:**

True ☐ False ☐ I have never conducted myself inappropriately whether sexually or physically with a minor.

True ☐ False ☐ I am not currently taking any medications that would affect my ability to make wise decisions or to conduct myself appropriately and without concern for others. If such medications would be necessary in the future, I will notify my church pastor.

**APPLICANT'S STATEMENT:**

I certify that the information I have provided in this application is correct to the best of my knowledge. I also agree to notify the Senior Pastor or staff person I report to if changes have occurred that require an update to the information contained on this application form. I understand that this application will be kept strictly confidential by the appropriate director in a secure location.

I authorize references from churches and individuals listed in this application to give to Trinity Church any information including opinions they may have regarding my character and fitness for children's/youth work.

I authorize that Criminal Records Checks be conducted on me and that any information which pertains to any record of convictions contained in police files or criminal file maintained on me be released to the church.

If I witness any inappropriate behavior with minors by any Trinity staff member or volunteer personnel, I agree to report it to an appropriate Pastor, Trinity Church staff member, or the leader of the current event in progress.

Applicant's Signature of Agreement \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian (if applicant is under 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

**For those 18 years of age or older:**

*In order for us to request a Criminal Records Check, please provide the following:*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

Driver's License Number (if applicable) \_\_\_\_\_ Exp. Date \_\_\_\_\_

State Issued \_\_\_\_\_ Please list other states you've lived in: \_\_\_\_\_

Place of Birth (City, State, County, Country) \_\_\_\_\_

Maiden name or any other names by which you have been known (if applicable)

*To allow that a Criminal Records Check be properly made, a copy of your Driver's License is required.*

I have attached a copy of my driver's license ☐ Yes ☐ No