

# Children's Ministry Team Member Application

## First Christian Church – Canton, Ohio

This survey is to be completed by all those desiring a ministry position involving the supervision or custody of minors. It is being used to help First Christian Church provide a safe and secure environment for those children who participate in our programs and use our facilities.

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Last First Mi

Address \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ If less than five years, give previous address and number of years: Years: \_\_\_\_\_

Previous Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Marital Status \_\_\_\_\_

No. of children \_\_\_\_\_ Ages \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_ Briefly describe \_\_\_\_\_

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

How long have you attended First Christian? \_\_\_\_\_

Why do you want to work with children at First Christian Church? \_\_\_\_\_

\_\_\_\_\_

What age would you like to work with?

- Nursery (6 months-3 years)
- Preschool (ages 3-6)
- Elementary (Grades 1-5)
- Technical Team (Preschool or Elementary)
- Praise Team (Preschool or Elementary)

Have you previously worked with children in another church? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, name of church where you volunteered \_\_\_\_\_

City/State \_\_\_\_\_ Dates Involved \_\_\_\_\_

Have you ever been or are you currently involved in any non-church work involving children? \_\_\_\_\_

If yes, Name of Organization(s) \_\_\_\_\_

City/State \_\_\_\_\_ Dates involved \_\_\_\_\_

Please list any other First Christian ministries in which you are involved: \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Expires \_\_\_\_\_

Do you have any medical training or are you CPR certified? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Local Personal References: *(must be over 18 years old and non-related to you)*

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

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

The questions listed below are a part of our interview process in order to help provide a safe and secure environment for our children. All information is held strictly confidential by the Children's Ministry staff. Answering yes to any of the questions may not necessarily preclude your involvement in Children's Ministry. Thank you for your understanding.

Do you use illegal drugs? \_\_\_\_\_

Do you have any medical conditions that would limit your work with children? \_\_\_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

Have you ever been arrested for a criminal offense excluding minor traffic violations? \_\_\_\_\_

Have you ever been accused of, arrested or convicted of domestic violence, pornography, child abuse, molestation or any other sexual or assaultive crimes? \_\_\_\_\_

Have you ever been a victim of child abuse? \_\_\_\_\_ If yes, would you like to talk to a minister about this? \_\_\_\_\_

If you answered yes to any of the above questions, please explain \_\_\_\_\_

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

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children and I release all such references from liability for any damage that may result from furnishing such evaluations to you and I understand that any omission of material fact on this application may be grounds for rejection of this application.

I understand that the personal information will be held in confidence by the professional church staff.

I authorize and understand that in order to volunteer with children, youth, or the disabled of First Christian Church I must have First Christian Church perform a criminal records check for arrest, convictions, or other information the local, state or federal criminal enforcement agency may have regarding me and release such information to the following:

**First Christian Church  
6900 Market Ave. N  
Canton, OH 44721  
(330) 456-2600**

*I release First Christian Church and above mentioned agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting of this information for qualifications of volunteer work with First Christian Church.*

*I have carefully read this application and signed it of my own free will. I recognize this to be a legally binding document, and if my application is accepted, I understand that I am bound by the by-laws of First Christian Church and understand the need to lead an exemplary Christian life.*

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date