

APPLICATION FOR CHILDREN/YOUTH MINISTRY WORKER

CONFIDENTIAL

Grace Mills River
495 Cardinal Road, Mills River, NC 28759
www.gracemillsriver.org
828-891-2006

This application is to be completed by all applicants for any position (volunteer or compensated) 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 children and youth who participate in our programs and use our facilities.

GENERAL INFORMATION

Today's Date _____

Name: Last _____ First _____ Middle Initial _____

Address _____ City _____ State _____

Zip _____

Home Phone (____) _____ Work Phone (____) _____

E-Mail _____

Gender _____ Birth Date _____

Marital Status: Single _____ Divorced _____ Married _____

Spouse's name _____

Children's Names and Ages:

Place of employment & position held:

If you are a Youth Volunteer, list your school & grade:

BACKGROUND INFORMATION

LIST ALL OTHER CITIES AND STATES WHERE YOU HAVE LIVED AS AN ADULT.

Do you regularly attend GMR worship services? Yes ____ No ____

If yes, since when: Month _____ Year _____

In what areas of church ministry are you presently **servicing**?

In what areas of church ministry are you presently **participating**?

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? Yes ____ No ____

Tell us about your spiritual journey at present:

Why do you want to work with children or students at Grace Mills River?

REFERENCES

List three people you have known for at least one year, who have a definite knowledge of your character and ability to work with children/youth. One of these three people must be of the opposite sex or please include a fourth reference of the opposite sex.

1. Grace Mills River Staff, Elder, Ministry Leaders OR Small Group

Name _____

Occupation _____

Address _____

Home Phone (_____) _____

Work Phone (_____) _____

Nature of Association _____

Length of time known _____

City _____ State _____ Zip _____

2. Professional reference

Name _____

Occupation _____

Address _____

Home Phone (_____) _____

Work Phone (_____) _____

Nature of Association _____

Length of time known _____

City _____ State _____ Zip _____

3. Family Member

Name _____

Occupation _____

Address _____

Home Phone (_____) _____

Work Phone (_____) _____

Nature of Association _____

Length of time known _____

City _____ State _____ Zip _____

4. Reference of the opposite sex

Name _____

Occupation _____

Address _____

Home Phone (_____) _____

Work Phone (_____) _____

Nature of Association _____

Length of time known _____

City _____ State _____ Zip _____

AREAS OF INTEREST

Please check the appropriate areas of interest & classes:

Age/Grade Preference:

Nursery/Toddler Preschool/Kindergarten 1st - 6th Teacher

Teaching Hour Preferred: Sunday 1st Service Sunday 2nd Service Wednesday Evening

1st - 5th Assistant Middle School (6th - 8th) High School (9th - 12th)

Commitment Interest: Once a month Weekly Sub Once a quarter

CHURCH HISTORY AND PRIOR CHILDREN/YOUTH WORK

Are you a participating member of Grace Mills River? Yes _____ No _____

If no, name the church of which you are a member:

List the (name and addresses) of other churches you have attended regularly during the past five years:

1.

2.

3.

PLEASE LIST ALL PREVIOUS VOLUNTEER WORK OR EMPLOYMENT INVOLVING CHILDREN, STUDENTS OR VULNERABLE POPULATIONS (IMPAIRED ADULTS, SPECIAL NEEDS INDIVIDUALS ETC.).
(LIST EACH ORGANIZATION'S NAME AND ADDRESS, TYPE OF WORK, DATES, AND A CONTACT PERSON FAMILIAR WITH YOUR WORK THERE.)

Because we care for children and desire to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

What is your philosophy concerning re-direction or discipline of children/youth?

Do you have a preference concerning the age group or sex of children or students with whom you would like to work? Why?

When you are unhappy, angry, or emotional about a person or circumstance, what do you do?

Have you experienced any significant physical or emotional stress within the past year, such as the loss of a parent, spouse, or child, extreme illness / health issue, or any emotional or physical crisis? If so, please briefly explain.

Have you ever been arrested or convicted or pleaded guilty to a crime? Yes____ No____ If yes, please explain in detail, providing date and place of incident:

Have you ever physically or sexually abused a child?

Has someone ever accused you of abusing a child?

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 or youth work. I authorize the release of the information contained in this application to any ministry at Grace Mills River in which I seek a position (volunteer or compensated). In consideration for the receipt and evaluation of this application by Grace Mills River, 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 _____ or do not 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 performance of my services on behalf of the church. **I HEREBY PLACE MYSELF UNDER THE SPIRITUAL AUTHORITY OF THE LEADERSHIP OF THIS CHURCH FOR THE DURATION OF MY SERVICE.**

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 which I have read and understand.

Applicant's Signature _____

Date _____

Witness _____

Date _____

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

IMPORTANT! This section must be completed by every applicant, regardless of criminal record.

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: _____

Today's Date: _____

Print Name: _____

Print Maiden Name if Applicable: _____

Print All Aliases: _____

Date of Birth: _____

Place of Birth: _____

*Driver's License Number and State: _____

Social Security #: _____

***Identity must be confirmed with a state driver's license or other photographic identification.**