

Ministry code \_\_\_\_\_

**T**his application is to be completed by all applicants for any volunteer or compensated position involving the supervision or custody of minors. This is not an employment application. Persons seeking a position in the church as paid employees will be required to complete an employment application in addition to this screening form. Thank you for helping our church provide a safe and secure environment for children and youth who participate in our programs and use our facilities.

**General information**

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Date \_\_\_\_\_

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Name \_\_\_\_\_ Spouse's name \_\_\_\_\_

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

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Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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Date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Background information**

Do you regularly attend our weekend services?  Yes  No If yes, since when?

Do you regularly attend our midweek service?  Yes  No If yes, since when?

In what areas of church ministry are you currently serving?

In the past, what areas of church ministry have you had experience?

Have you personally accepted Jesus Christ as your Lord and Savior, and are you committed to having the character of Jesus live through you, both in your public and private life? Yes No

Have you received the baptism in the Holy Spirit with the evidence of speaking in other tongues? Yes No

Tell us about your spiritual journey to date

Tell us why you have chosen to work with the youth at our church.

If there has been alcohol abuse, drug abuse, physical and/or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues create for you?

**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 adolescents.

**1. A staff member, leadership team member, or ministry leader from our church**

Name	Nature of association		
Occupation	Length of time known		
Address	City	State	Zip
Home phone	Work phone		

**2. Employer or fellow employee**

Name	Nature of association		
Occupation	Length of time known		
Address	City	State	Zip
Home phone	Work phone		

**3. Friend or neighbor**

Name	Nature of association		
Occupation	Length of time known		
Address	City	State	Zip
Home phone	Work phone		

**Previous address**

If you have lived at your current address for less than seven years, provide information on all addresses during that period.

Address	City	State	Zip
Dates	–		
Address	City	State	Zip
Dates	–		
Address	City	State	Zip
Dates	–		

**Employment history**

Please provide your most recent place of employment in the space provided. If you have been employed at this position for less than two years, provide information on each job during that period.

Present employer	Supervisor
Address	City State Zip
Position(s) held	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employment dates: Starting	Ending
Previous employer	Supervisor
Address	City State Zip
Position(s) held	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employment dates: Starting	Ending

**Military Service**

Branch	Enlist date	Discharge date
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