



# Application For Children and Youth Ministries

Please note: This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a secure environment for those children and youth who participate in our programs and use our facilities. All information is kept confidential.

Date \_\_\_\_\_

### Personal

Full Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth (m/d/y) \_\_\_\_\_ Phone # \_\_\_\_\_

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

### Children & Date of Birth (m/d/y)

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

Check the age group(s) you prefer to work with	_____ 0-3yrs.	_____ 3yr.-5yr.	_____ 6yr.-11yr.
	_____ 11yr.-14yr.	_____ 15yr.-18yr.	
Check your ministry availability	_____ weekly	_____ three times/month	_____ twice/month
	_____ Once/month	_____ Other (please list)	_____

Marital Status:  Married  Remarried  Single  Engaged  
 Widowed  Separated  Divorced

• Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages \_\_\_\_\_ Do you have a drug dependency of any type? \_\_\_\_\_ If yes to any of these, please explain: \_\_\_\_\_

\_\_\_\_\_

• Do you have any physical disabilities or conditions that prevent you from performing certain types of activities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

• Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Describe your devotional life. \_\_\_\_\_

\_\_\_\_\_

### Church Activity

• Have you accepted Jesus Christ as your personal Savior? If yes, when? \_\_\_\_\_  
\_\_\_\_\_

• Have you been filled with the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_

If yes, when and where? (This is not a requirement for service.) \_\_\_\_\_  
\_\_\_\_\_

List church(es) and pastor(s) where you attended regularly during the past five years.

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List all previous church work involving children and /or youth. Identify the church, type of work, and level of responsibility.

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List any experiences, gifts, callings, training, education, or other factors that have helped to prepare you for ministry to children and /or youth.

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#### Personal References (Not former employers or relatives.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

#### Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you any information they may have regarding my character and fitness for children/youth ministry work. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should by application be accepted, I agree to be bound by the Constitution and Bylaws and policies of Bethel Assembly of God. I agree to conduct myself in a Christ-like manner in the performance of my services on behalf of the church.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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