

MINISTRY PERSONNEL APPLICATION FORM

FOR YOUTH WORKING WITH CHILDREN

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

Full Name: _____ Grade: _____

Address: _____

Post Code: _____ Email: _____

Phone Number (Home): _____ Mobile: _____

Name of Parents: _____ Phone Number: _____

Are your parents supportive of your ministry involvement? Yes No

If no, please explain

Hobbies, Interests or Skills

Volunteer Experience Part-time Jobs

Spiritual History:

How long have you attended our Church? _____

Do you regularly attend (2 or more services a month)? Yes No

When did you accept Christ as your saviour? _____

In a brief paragraph, please describe what your faith means to you.

Ministry Questionnaire

Describe why you would like to be part of our Children's Ministry Team.

What strengths or assets would you bring to our Children's Ministry Program?

What areas of concern do you have in working with children?

Do you see yourself as a team player? Please explain. Yes No

Please list the area of ministry in which you would like to serve.

References

List three adults that you've known for at least one year and who have a definite knowledge of your character and ability to work with children. You may include one reference from a relative, but must also include references from your youth pastor, employer or teacher.

1. Name of Reference: _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Address: _____

Nature of Relationship: _____

2. Name of Reference: _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Address: _____

Nature of Relationship: _____

3. Name of Reference: _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Address: _____

Nature of Relationship: _____

Signature of Applicant: _____ Date: _____

Print Name: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Information received is confidential and is being gathered for the purposes of screening ministry personnel and placing them into ministry with children. The information gathered here will be used for the purposes of supporting the ministries at Rhema Sanctuary.