

Please do not write in this space.

	Approved by	Date
Application	_____	_____
Background Check	_____	_____



### APPLICATION for VOLUNTEERING in CHILDREN'S MINISTRY

The information contained in this application will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for/in Seacoast Community Church, or as required by law.

Today's Date:  /  /

YOUR FULL NAME (as it appears on you Social Security Card):

Preferred Name/Nickname (if other than above):  Other names you have used

Sex:  Male  Female Marital Status  If married, list maiden name:

Date of Birth (required):  /  /  Primary Email

Your Address  City  State  Zip

Home Phone ( ) -  Cell Phone ( ) -  Work Phone ( ) -

Occupation

Drivers License number:  State:  Expiration Date:

If married, list spouse's name  Occupation

Other addresses where you have resided in the last 5 years:

How long have you been attending Seacoast Community Church

#### Church Membership status:

I am a member of Seacoast Community Church

I am a regular attender of Seacoast

If you were to die today and God asked you, "Why should I let you into my Heaven? ", what would you say?

If someone asks you, "How can I become a Christian?", how would you respond?

How do you keep yourself spiritually fresh?

Tell us about past or current volunteer experiences working with children that you found fun and rewarding.

Explain why you believe God has called you to serve in Children’s Ministry at Seacoast.

In what ways do you feel God has gifted you for service in Children’s Ministry?

Are there particular ways or age groups within Children’s Ministry in which you would like to serve?

**Ministry Experience** Please describe previous and current ministry experience at Seacoast.

If you have attended Seacoast less than 5 years, please describe your ministry experience at other churches:

Church:  Ministry Experience:

**In order to assure the health, safety and security of all concerned, we screen our volunteers. Please check the appropriate answers below so we may discuss how this may impact your service:**

Yes  No  **Addictions** Have you ever had a problem with drugs, alcohol, pornography or any other addiction, or has anyone ever suggested that you may have a problem with any of these?

Yes  No  **Arrest Record** Have you ever been arrested for any reason? If so, please explain below.  
Yes  No  **Been Convicted** of, or pleaded guilty of or no contest to, any crime?

Yes  No  **Abuse** Have you ever been convicted or accused of physical abuse, sexual abuse, neglect, molestation or exploitation of a minor or any other person?

**Are you aware of:**

Yes  No  **Having** any traits or tendencies that could pose any threat to children, youth, or others?

Yes  No  **Any** reason why you should not work with children, youth, or others?

*Recognizing that abuse is a traumatic event in a person’s life, and realizing that by God’s grace a victim can find healing, if you are a victim of abuse who has not worked through your pain, the pastoral staff is here to assist you. Please feel free to call us.*

**Please List Two References** (*Non-family members*)

**REFERENCE 1:**

Name:  Nature of Association:   
Phone: (  ) -  Email Address:

**REFERENCE 2:**

Name:  Nature of Association:   
Phone: (  ) -  Email Address:

***APPLICANT'S STATEMENT***

The information contained in this application is correct to the best of my knowledge. By signing below, I authorize references, churches or other organizations listed in this application to give you any information they may have regarding my character and witness for children's work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you. I authorize Seacoast Community Church or its representatives to make any and all appropriate inquiries regarding my background, including criminal background, social security and state sex offender records checks, and I release Seacoast Community Church and its representatives from any liability which may result from such action. Background checks will be repeated every 3 years for active volunteers. Should my application be accepted, I agree to be bound by the Constitution, bylaws and policies of Seacoast Community Church (provided upon request), and will refrain from unscriptural conduct in the performance of my services on behalf of Seacoast Community Church.

Signature:

Date:

Social Security Number  
(required)

