



Check desired ministry area: Nursery Children Middle school High school College-age

Basic Information

Name _____
First MI Last

Address _____
Street Address City State Zip

Phone numbers _____
Home Work Cell

Best times to reach me at home are _____ May we call you at work? Yes No

Employer _____ Employer address _____

Position at work _____ Years at current job _____

Email _____ Facebook: Yes No

Church membership: Member Regular attendee MYSPACE URL: _____

How long have you attended our church? _____ Birthday _____

Emergency contact _____ Phone _____
name and relationship

Family Information (optional)

Marital status (circle one): Single Married (anniversary date _____) Divorced

If married, spouse's name _____

If you have children, their names and ages:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Education

High school _____ City State Grad year

College/tech school _____ City State Grad year

Degree and major _____ Minor

Other education, training, and licenses _____

Ministry Experience (list most recent first)

| Church (name, city, state, and zip) | Dates | Area of service | Contact person | Phone |
|-------------------------------------|-------|-----------------|----------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Tell Us About Yourself

1. When and how did you become a Christian?

2. What have you been doing to grow spiritually in the past year?

3. What would you do to maintain your spiritual growth as a volunteer?

4. What are your expectations of the family ministry team?

5. Explain your background in family ministry (children/youth) at this church or elsewhere

6. What special qualities or qualifications would you contribute as a volunteer staff member?

7. What are your spiritual gifts?

Please mark any of the resources or areas you're willing to help with from the following list:

- photography woodworking driving own a van/suburban/truck techy/computer
- home use for small group swimming pool motor home/camper security service leader
- finance special needs web design drama team boat cabin/beach house chaperone art/props
- marketing buy, cook, serve food construction remodeling graphic design hospitality/greeter
- activities staff refreshment coordinator prayer team parent support student tracking
- special projects missions provide scholarships other (please list)

References

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background.

1. St. Mark's staff, leadership team member, Bible study member or ministry leader

| Name | Address | Home / work phone | Relationship |
|------|---------|-------------------|--------------|
|------|---------|-------------------|--------------|

2. Employer or coworker

| Name | Address | Home / work phone | Relationship |
|------|---------|-------------------|--------------|
|------|---------|-------------------|--------------|

3. Social friend or neighbor

| Name | Address | Home / work phone | Relationship |
|------|---------|-------------------|--------------|
|------|---------|-------------------|--------------|

Medical Information

Have you had any prior injuries that might be aggravated by working in family ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Do you have any medical conditions that might be hazardous to others?

If you answered yes to any of the questions above, please attach another page and explain completely.

Background information

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?
 yes no

Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs?
 yes no

Are you using illegal drugs?
 yes no

Have you been arrested or convicted for any criminal act more serious than a traffic violation?
 yes no

Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult?
 yes no

Have you ever been a victim of any form of child abuse?
 yes no

If yes, would you like to speak to a counselor or pastor?
 yes no

Have you ever gone through treatment for alcohol or drug abuse?
 yes no

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer?
 yes no

Is there anything in your past or current life that might be a problem if we found out about it later?
 yes no

If the answer to any of the above questions is yes, please attach another page and write a full explanation. These will be discussed confidentially during your interview.

Waiver / Release

I, the undersigned, give my authorization to St. Mark's Church representatives—hereafter referred to as The Church—to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church youth/children ministry worker. I am willing to request and submit to The Church background reports on myself from the (state) Department of Social Services central registry.

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 may have regarding my character and fitness for student ministry. In consideration of the receipt and evaluation of this application by The Church, 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 that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I 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 be bound by the constitution, statement of faith and policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

 Print name

 Signature

 Witness

 Date