

Children's Ministry Worker Application Form

For Volunteers under the Age of 16

CONFIDENTIAL

Any Applicant with questions of a sensitive or personal nature may discuss these with the Pastoral Staff or Elders, in confidence, prior to the completion of the application.

PERSONAL INFORMATION *(please print)*

Name: _____
first last

Date of Birth: ____/____/____
year month day

Street: _____
 City: _____

Province: _____ Postal Code: _____
 Email: _____

Day-Time Phone: () _____ ext. ____
 Evening: () _____ ext. ____

Parent's Name : _____

Parent's Contact information:

Street: _____
 City: _____

Province: _____ Postal Code: _____
 Email: _____

Day-Time Phone: () _____ ext. ____
 Evening: () _____ ext. ____

INTERESTS & AVAILABILITY

1. Which areas of ministry are you interested in serving?
 Please check all appropriate ones.

Age(s)

- Babies
 Toddlers
 Kindergarten
 Grades 1 - 3
 Youth Ministries
 Grades 7 - 9
 High School

Area(s) of Ministry

- Nursery
 Sunday School
 Children's Clubs
 Vacation Bible Camp
 Grades 4 - 6
 Special Outreaches and
 Where I'm Most Needed
 Other:

2. What time commitment are you able to make?

- Daily
- Weekly
- Monthly
- Negotiable
- Other:

3. Are you prepared to attend seminars or workshops on nursery, children and/or youth ministry as **required** by the church? Yes No

HISTORY & EXPERIENCE

4. What is your present Membership or Adherent status at Trinity? Please check one.
If you are unsure, contact the Church Office.

- On the Active roll of Church Membership at Trinity Evangelical Missionary Church
- On the Inactive roll of Church Membership at Trinity Evangelical Missionary Church
- Adherent for more than six (6) months at Trinity Evangelical Missionary Church
- Adherent for less than six (6) months at Trinity Evangelical Missionary Church

5. List any other **churches**, which you have **attended** regularly during the past five years and any experience involving babies, children and/or youth *(attach a separate sheet if necessary)*:

Church:	Dates: <i>not required</i>
Address:	<i>street city province postal code</i>
Position & Duties:	

Church:	Dates: <i>not required</i>
Address:	<i>street city province postal code</i>
Position & Duties:	

6. List any gifts, callings; training, education, or other factors that have prepared you for nursery, children and/or youth work *(attach a separate page, if necessary)*:

7. List all previous **non-church** experience involving babies, children and/or youth *(attach a separate sheet if necessary)*:

Organization:	Dates:
Address:	<i>street city province postal code</i>
Position & Duties:	

Organization:	Dates:
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Address:	<i>street</i> <i>city</i> <i>province</i> <i>postal code</i>
Position & Duties:	

REFERENCE

Please provide **two (2) non-related reference** who knows you well enough to evaluate your qualifications as a nursery, children and/or youth worker. Please try to pick one reference from such as:

1. Your employer or a co-worker.
2. A professional person (teacher, clergy, lawyer, etc.)
3. Someone who is familiar with your work with children.

REFERENCE 1	
Name:	<i>first</i> <i>last</i> Relationship:
Address:	<i>street</i> <i>city</i> <i>province</i> <i>postal code</i>
Phone:	() _____ - _____ ext. _____ <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

REFERENCE 2	
Name:	<i>first</i> <i>last</i> Relationship:
Address:	<i>street</i> <i>city</i> <i>province</i> <i>postal code</i>
Phone:	() _____ - _____ ext. _____ <input type="checkbox"/> Daytime <input type="checkbox"/> Evening

STATEMENT OF AUTHORIZATION AND RELEASE

To the best of my knowledge, the information set out herein is true and correct. I authorize any reference or church named herein to release to Trinity Evangelical Missionary Church any information they may have which will assist Trinity Evangelical Missionary Church in evaluating my suitability as a worker within nursery/children/youth ministry.

I further release Trinity Evangelical Missionary Church from any claims or causes of action that may arise from their use of the information as provided by the other persons or churches.

I agree to **abide** by the Constitution and Bylaws, policies and procedures of Trinity Evangelical Missionary Church and/or Trinity Evangelical Missionary Church INC. and to refrain from any conduct unbecoming in the performance of my responsibilities on behalf of the Church.

Applicant's Signature

Date

Witness' Name and Signature

Date