



Children's Ministry Volunteer Application Cascades Baptist Church

This survey is to be completed by those desiring a ministry position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities. All information disclosed in this application will be held as strictly confidential.

Date: _____
 Name: _____ Maiden Name: _____
 Address: _____

 How long at this address: _____

- *If less than five years, give number of years and all previous addresses:*

Years: _____ Address: _____
 Years: _____ Address: _____
 Years: _____ Address: _____
 Years: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Marital Status: _____ Spouse's Name: _____ Phone #: _____
 # of Children: _____ Ages: _____

Occupation: _____ Place of Employment: _____
 Birth Date: _____

Emergency Contact Name and #: _____

- Do you have a personal relationship with Jesus Christ? _____

Briefly describe: _____

- How long have you attended Cascades? _____

What area of ministry do you desire to be involved in? _____

What leadership/volunteer experience have you had with children? List all previous church work or other work involving children and youth. Identify place and type of work. List Supervisors:

List any gifts, training, education or other factors that have prepared you to work with children:

Area Preference:

Nursery Toddler Preschool Elementary Jr. High Sr. High AWANA

Please list other Cascades ministries you are involved in:

Do you have any medical training or are you CPR certified?

List 3 Local Personal References: (Must be over 18 years old and non-related to you.)

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

The questions below are a part of our screening process in order to help provide a safe and secure environment for our children. The Christian Education Team (CE Team) holds all information strictly confidential. Answering yes to any of the questions may not necessarily preclude your involvement in the Children's Ministry. Thank you for understanding.

Have you had any painful experiences in your life that have better equipped you or may hinder you from a productive ministry with children? Yes No

Would you like to meet with a pastor or counselor regarding this circumstance? Yes No

Have you ever been convicted for use or sale of drugs? Yes No

Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No

Have you ever been arrested for a criminal offense excluding minor traffic violations? Yes No

Have you ever been accused, arrested, or convicted of any sexually related crimes? Yes No

Have you ever been accused, arrested, or convicted of any abuse related crimes? Yes No

Are there any circumstances involving your life-style or your background that would call into question your ability to work with children? Yes No

If you answered yes to any of the above questions please explain:

Applicant's Statement

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

Without admission of guilt, I understand that if there are allegations of improper action against me I will be required to step down from my children and youth responsibilities until such a time as the Church Deacon Board allows me to resume those responsibilities.

I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that my personal information will be held confidential by the church staff.

I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

I hereby authorize the requested Police Department to release information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department from any and all liability resulting from such disclosure.

Print Name: _____

Print Maiden Name (if applicable): _____

Print all aliases: _____

Birth date: _____ Place of birth: _____

Race: _____ Sex _____

Signature: _____ Date: _____