

SuperStar Children's Ministry

Teays Valley Church of God

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. This is not an employment application form. 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.

Circle the age group you will be serving with and service time you desire to work in:

Nursery

Preschool

Elementary

Wednesdays

6:45 p.m.

Sunday (a.m.)

9:00 a.m.

10:45 a.m.

General information:

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Date of Birth ____/____/____ Social Security Number _____

Do you regularly attend our adult weekend services? **(Yes / No)**

If yes, since when? ____/____ (month/year)

Ministry information:

Are you currently participating or serving in a TVCOG ministry? If so, please list.

I have chosen to work with children at TVCOG because...

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? **(Yes / No)**

References: List 3 adults you've known for at least one year, who are not related to you and have a definite knowledge of your character and ability to work with children.

I. Church staff member, Ministry Director, Sunday School Teacher, etc:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

II. Employer or fellow employee:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

III. Social friend or neighbor

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

Previous Address:

If you have lived at your current address for less than five years, provide information on all addresses during that period. (use an additional sheet of paper, if necessary)

Address: _____

City, State, Zip: _____

From – To: _____

Present Employer: _____

Address, City, State, Zip: _____

Job description: _____

Personal disclosure information: *Please circle the appropriate response*

1. Do you have children of your own? **(Yes / No)** Ages: _____
2. Have you ever been treated for a psychiatric disorder? **(Yes / No)**
3. Have you ever been arrested, convicted or pleaded guilty to a crime **(Yes / No)**
4. If yes, explain: _____
5. Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child? **(Yes / No)**
6. Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? **(Yes / No)**
7. Have you been convicted of the possession, use or sale of drugs within the last seven years? **(Yes / No)**
8. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last seven years? **(Yes / No)**
9. Within the past 30 days have you abused alcohol, legal or illegal drugs? **(Yes / No)**
10. Has your driver's license been suspended or revoked within the last twelve months? **(Yes / No)**
11. Is there any fact, circumstance, or pattern involving your background that would make it inappropriate for you to serve with minors or would compromise the integrity of the church? **(Yes / No)**

Church history and prior children's work

Previous church work involving children (*list church name, city, state and type of work performed*)

Previous non-church work involving children (*list each organization name, city, state and type of work performed*)

Applicant's statement

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 have regarding my character and fitness for children's ministry. I authorize the release of the information contained in this application to any ministry at Teays Valley Church of God in which I seek a volunteer position. In consideration of the receipt and evaluation of this application by Teays Valley Church of God, 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 which may at any time result to me, my heirs, or family, on account 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 refrain from unscriptural conduct in the performance of my services on behalf of the church.

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

Applicant's Signature: _____

Witness: _____ Date: _____

Parent Signature (if applicant is under 16): _____

Request for Criminal Records Check and Authorization

Important: Every applicant, regardless of criminal record must complete this section.

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature: _____

Print Name, Print maiden name if applicable: _____

Date of birth: _____ Place of birth: _____

Driver's License number and state: _____