

Belmont Church Children's & Youth Ministries
Volunteer Application Form

This confidential application is to be completed by all applicants for any position involving the supervision and/or instruction of children (ages birth – 12th grade) at Belmont Church.

Date _____

1. Personal Information

Full Name _____ Male Female

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Social Security # _____ Age _____

Email address _____ Do not use email to contact me

Date of Birth _____ Driver's License # _____

Marital Status Single Married Divorced Separated Widowed

Spouse's Name (if married) _____

Children's Names and Ages

State your personal testimony. Please include the time and circumstances surrounding your decision to commit your life to Jesus Christ. (Use an additional sheet of paper if necessary.)

2. How long have you regularly attended Belmont Church? _____

3. Have you submitted a Belmont Church Membership Application? Yes _____ Date Joined _____
If no, are you interested in becoming a member? Yes _____ No _____

4. Are you a member of a community group? Yes _____ No _____
Who is your community group leader? _____

5. What ministries are you currently involved in at Belmont Church?

6. Why do you want to work with the children/youth at Belmont Church?

7. Please indicate the area(s) of ministry in which you prefer to serve (position/age group/assembly):

8. List any special gifts, training, or interests you may have that can be used with children (i.e. music, artistic ability, photography, puppets, etc.):

9. Have you worked with children other than in a church setting (i.e. Scouts, coaching, teaching, etc.)? Please indicate the organization and the position you held, or are currently holding.

Please respond to the following questions (10-19) by checking yes or no:

		Yes	No
10.	Do you have any physical, emotional, or mental conditions that could affect your ability to work with children or youth?		
11.	Are you contagious with any communicable disease such as TB, hepatitis, or HIV?		
12.	Have you ever been hospitalized for a psychiatric condition?		
13.	Are you taking any prescription medications that could cause any physical or mental impairment?		
14.	Have you ever been accused, investigated, indicted, or convicted of any misdemeanor or felony other than a minor traffic violation?		
15.	Have you ever been convicted of a criminal offense that includes the sale or use of drugs?		
16.	Have you ever been accused, investigated, indicted, or convicted of any sexual misconduct?		
17.	Have you ever been accused, investigated, indicted or convicted of any sexual misconduct related to children?		
18.	Did you experience trauma as a child or youth? (ex. parent's drug or alcohol abuse, physical or sexual abuse, loss of parent[s], other)		
19.	If you experienced trauma, have you received help?	N/A'	

If you answered yes to any of the above, please explain/describe here (use additional paper if needed):

For the following statements (20-26,) please carefully read the enclosed supplemental information.

Initial Here

- 20. _____ I agree with the Belmont Church *Vision Statement*.
- 21. _____ I will commit to the *Belmont Affirmation of Faith*.
- 22. _____ I have read the *Criteria for Membership at Belmont Church*.
- 23. _____ I have read the *Child Abuse Policy* of Belmont Church and agree to abide by this policy.
- 24. _____ I agree to view the video *Reducing the Risk*.
- 25. _____ I agree to attend Children's/ Youth Ministries security training.
- 26. _____ I have read the standards for the CM Team and will strive to fulfill them by God's grace.

Comments: _____

27. Personal References:

Please list the names and addresses of two people who are not related to you who know you personally and have a definite knowledge of your character.

(Please fill in information completely.)

1. Reference Name _____

Email address _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

2. Reference Name _____

Email address _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

28. Church Background:

Please list references of the last two churches you attended regularly (Please complete all information.).

Church Name _____ Member (y/n) _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Dates Attended _____

Reference Name _____ Title _____

Email address _____

Church Name _____ Member (y/n) _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Dates Attended _____

Reference Name _____ Title _____

Email address _____

a. What area(s) of ministry were you involved in at these churches?

Applicant's Statement

I, the undersigned, declare that the information in this application is correct to the best of my knowledge. I authorize any references or churches listed in this Volunteer Application to release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf. I hereby give Belmont Church permission to contact my references and any parties necessary to do a background check. I understand and submit to temporary or permanent removal from volunteer placement at any time Belmont leadership should deem it necessary.

Applicant's Signature _____ **Date** _____

FOR OFFICE USE ONLY

Application Mailed on ____/____/20____

Application Received on ____/____/20____
 Initial Approval by _____
 References Checked by: _____
 Class visit/observation on: ____/____/20____
 Assignment:

When	Room #	Position	Team	
		Children		
		Teacher		
		Youth Helper		
		Assistant Teacher		
		Coordinator		
8:30		Substitute	1 &3	1 st
11:00		Actor	2&4	2 nd
Wed		Puppeteer	1-4	3 rd
		Table Friend		4 th
		Youth		
		Teacher		
		Intern		
		Helper		

Viewed Reducing the Risk _____
(Verified by)

Background check clear on: ____/____/20____
 Security Training Completed
 Final Approval by : _____
 ID issued on : ____/____/20____
 Date to renew : ____/____/20____