

Application for Volunteers in 'J'Seekers or Youth Ministry

CONFIDENTIAL

Updated:10-05-06

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help BridgeWay Community Church provide a safe and secure environment for those children and youth who participate in our programs.

General Information

Full Name: _____ Maiden Name: _____

Address: _____
Street city state zip

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ EMAIL: _____
(Identity must be confirmed with a state driver's license or other photo ID)

Personal Situations:

Are you..... Single Married Widowed Divorced

Do you have children of your own?

Have you ever been convicted of or pleaded guilty to a crime?

YES (If yes, please explain – attach a separate page, if necessary)

NO

Personal References

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

1. Name: _____ Home Phone: _____

Address: _____

2. Name: _____ Home Phone: _____

Address: _____

3. Name: _____ Home Phone: _____

Address: _____

Previous Addresses

If you've lived at your current address for less than seven years, provide information on all addresses during that period.

Address _____ City _____ State _____ Dates _____

Address _____ City _____ State _____ Dates _____

Education

Please check the highest grade completed

____ High School ____ College – 2 years ____ College – 4 years ____ Graduate School

Let Us Get to Know You

How long have you been attending BridgeWay Community Church? _____

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____

Tell us about your spiritual journey to date:

“I have chosen to volunteer to work with children/youth because.....”

What special gifts and abilities would you bring to the children's/youth program?

If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future?

Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing or molesting any child? If yes, please explain in detail, providing date and place of incident.

YES____ NO____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addition: or has anyone ever suggested that you may have a problem with any of the above? If yes, please explain. YES____ NO____

Have you ever been treated for a psychiatric disorder? If yes, please explain.

YES____ NO____

Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or would compromise the integrity of this church? If yes, please explain.

YES _____ NO _____

Church History & Prior Youth Work

Name of church of which you are a member: _____

List (name and address) other churches you have attended regularly during the past five years:

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates).

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 or youth work. I further authorize the organization to conduct a criminal background investigation. I understand that this application will be kept strictly confidential.

Should my application be accepted, I agree to refrain from unspiritual conduct in the performance of my service on behalf of BridgeWay Community Church.

I have carefully read the policy and procedures of BridgeWay Community Church, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

I further state that 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's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If student helper is applicant)

For office use only: The following has been complete for this applicant: (Please initial and date)

"Reducing the Risk" Training _____ Interview _____

Reference Checks _____ Background Check _____