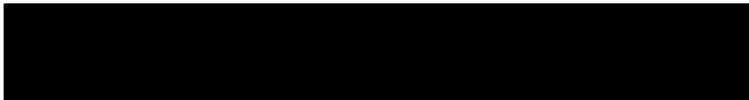


CONFIDENTIAL



This application is to be completed by all applicants for any position (volunteer or compensated) 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.

Date _____

Name _____

Address _____

City _____ State ____ Zip _____ Phone _____

Male/Female _____ Marital Status _____ Anniversary (If Married) _____

Spouse's Name _____ Number of children _____

Will your spouse be involved in the Children's Ministry? _____

Present Employer _____

Can we call you at work? _____ Work Phone _____

How long have you attended Word of Life Fellowship _____

Have you been Born Again? _____ Where? _____ Year? _____

Have you been baptized with the Holy Spirit according to Acts 2:4? _____ Where? _____ Year? _____

Have you been baptized in water? _____ If yes, where? _____ Year? _____

Do You Believe?

Yes No

___ ___ In the virgin birth and deity of our Lord Jesus Christ?

___ ___ That Jesus is God's Son and the only sacrifice for sin?

___ ___ That man must be born again to receive eternal life?

___ ___ In the eternal reward for the believer? (Heaven)

___ ___ In the eternal damnation for the lost? (Hell)

___ ___ The rapture of the church prior to the Great Tribulation?

___ ___ In the infallibility of the Scriptures?

___ ___ That divine healing is part of the redemption's purchase and is god's will for all who believe?

___ ___ That Jesus arose bodily from the dead?

___ ___ In the Baptism of the Holy Spirit?

___ ___ That speaking in tongues is the initial evidence of the Baptism of the Holy Spirit?

List (Name & Address) of other churches you have attended regularly during the past five years:

List any gifts, callings, training, education, or other factors that have prepared you for children's work?

Have you ever led a child to Christ? _____

Have you ever helped a child receive the Baptism of the Holy Spirit? _____

Have you ever been involved in the Children's Ministry before? _____

If yes, in what area? _____

With what church or organization? _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to the Children's Ministry? _____ Yes _____ No

If yes, please explain: _____

Have you ever been accused of child abuse or a crime involving actual or attempted sexual molestation of a minor? If so, please explain: _____

Have you been involved in any homosexual activity in the last 5 years? _____ Yes _____ No

Do you presently have any communicable diseases (including HIV or AIDS)? _____ Yes _____ No

If yes, please explain: _____

Do you smoke now? _____ Yes _____ No Drink now? _____ Yes _____ No

Use illegal drugs now? _____ Yes _____ No

Why do you want to be involved in the Children's Ministry? _____



- | | | |
|--|---|--|
| <input type="checkbox"/> Teaching in Class | <input type="checkbox"/> Art | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Helping in Class | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Audio / Media |
| <input type="checkbox"/> Puppet Team | <input type="checkbox"/> Outreach | <input type="checkbox"/> Games |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Object Lessons |
| <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Painting | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Praise & Worship | <input type="checkbox"/> Children's Choir | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Greeters | <input type="checkbox"/> Intercessory Prayer |
| <input type="checkbox"/> Office Skills | <input type="checkbox"/> Clowns/Costumes | <input type="checkbox"/> _____ |

What age group do you desire to work with?

- | | | |
|---|---|--|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Pre-School | <input type="checkbox"/> Pre-K - 1st |
| <input type="checkbox"/> Grades 2 nd & 3rd | <input type="checkbox"/> Grades 4 th & 5th | |
| <input type="checkbox"/> Sunday 9am | <input type="checkbox"/> Sunday 11am | <input type="checkbox"/> Wednesday 7pm |

Is your spouse and/or family in agreement with you working in the Children's Ministry? _____



(Not former Employers, or Relatives)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____



The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed to give you any information they may have regarding my character and fitness for children's work. I release all such references from liability for any damage that my result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to be bound by the constitution and by-laws and policies of Word of Life Fellowship, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Signature _____ Date _____