

References

Please include complete information for three character references, which may include friends, coworkers, or employers.
Please do not include family references.

1. Name: _____ Address: _____ Phone (H): _____ (W) _____ City: _____ ST _____ ZIP _____ Relationship: _____	2. Name: _____ Address: _____ Phone (H): _____ (W) _____ City: _____ ST _____ ZIP _____ Relationship: _____
3. Name: _____ Address: _____ Phone (H): _____ (W) _____ City: _____ ST _____ ZIP _____ Relationship: _____	4. Name: _____ Address: _____ Phone (H): _____ (W) _____ City: _____ ST _____ ZIP _____ Relationship: _____

The references or churches listed in this applications may give Bay Area Fellowship any information they may have regarding my character and fitness for children's ministry volunteer work. By my signature below, I authorize Bay Area Fellowship and its respective agents to solicit background information and understand that it is Bay Area Fellowship's policy to obtain a background check.

Background Check

I _____ hereby authorize Bay Area Fellowship and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering. I release Bay Area Fellowship and/or its agents and any person or entity which provides any information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signature **Date**

The above is for identification purposes only. Bay Area Fellowship offers equal opportunity to all volunteers and does not discriminate on the basis of sex, race, religion, age (18 & over), handicap, or national origin.

Office Use Only

Notes:

BGC entered _____

Leadership Orientation _____
 Assigned Service Time _____
 Assigned Service Area _____



Name: _____

Please Print

_____ Adult _____ Teen (16-17yrs. old)

A Ministry of Bay Area Fellowship

It is the MISSION of BA Kidz to lead children and their families to Christ and walk with them to maturity.

The VISION of BA Kidz is to create an environment that is so fun and so exciting that children want to come and bring their friends!

Qualifications for Children's Ministry Leaders

Children's Ministry leaders are in a place of responsibility in the church and are expected to be examples in faith, conduct and business affairs. Maintaining a high standard for leaders is one of the best ways to represent Christ to the people of our church and our community. Therefore, we ask all of our leaders at BA Kidz to follow these guidelines:

- _____ I have accepted Jesus Christ as my personal Savior.
- _____ I will be FAITHFUL to my assigned position.
- _____ I will attend all leader meetings.
- _____ I will be faithful in attending church services regularly.
- _____ I will give at least (1) week notice if I know I will be absent.
- _____ I will be present 30 minutes prior to the start of my assigned service.
- _____ I will wear my Children's Ministry shirt and be neat in appearance.
- _____ I will read & follow my job description.
- _____ I will give notice prior to resigning my position.
- _____ I will enthusiastically support the vision and mission of Children's Ministry.

Printed Name

Signature

Date

I attend service at: _____

I prefer to volunteer in: (choose one)

I would like to volunteer at:

- | | | |
|--|----------|------------------|
| _____ The Bay (Nursery) Birth – 30 months | Saturday | 5:00 p.m. _____ |
| _____ The Boardwalk (Preschool) 31 months – Kinder | | 6:30 p.m. _____ |
| _____ The Beach 1st – 2nd Grade | Sunday | 8:30 a.m. _____ |
| | | 10:00 a.m. _____ |
| _____ The Break 3rd – 5th Grade | | 11:30 a.m. _____ |
| _____ Registration | | 1:00 p.m. _____ |
| _____ Administrative Volunteer | | |
| (Mon-Thurs 9am-5pm or Sun 10am-1pm) | | |

Children's Ministry Application

All information given is held in confidence.

Legal Name _____
 Last Name First Name MI Gender

Other names _____
 Last Name First Name MI

Current Address _____
 Street City/State ZIP

Former Address _____
 Street City/State ZIP

Phone (Home) Cell# can you receive texts? Cell phone carrier

Email Address Driver's License Number

Date of Birth Social Security Number

Family

Marital Status _____
 _____ Single
 _____ Engaged Spouse/Fiancé's Name Child Name Birthday Grade
 _____ Married Child Name Birthday Grade
 _____ Widowed Birthday Anniversary Child Name Birthday Grade
 _____ Separated Child Name Birthday Grade
 _____ Divorced Child Name Birthday Grade
 _____ Divorced & Remarried Child Name Birthday Grade

Church

Are you a member of Bay Area Fellowship? Yes No If no, I plan to attend New Member Class _____
 Do you have previous experience in children's ministry? Yes No Date
 Please list names, addresses, phone numbers and a contact for other churches you have attended in the past five years, when you last attended, and any ministry in which you participated.

Church Name Phone Number Contact Name

Address City/State ZIP Dates Attended

Ministry Area Position Dates Involved

Church Name Phone Number Contact Name

Address City/State ZIP Dates Attended

Ministry Area Position Dates Involved

About You

Please list any certifications or licenses you hold.
 Examples include CPR, First Aid, RN, MD, PMT, Teacher, RMT, special needs, etc.

1. _____ Expires _____
2. _____ Expires _____
3. _____ Expires _____
4. _____ Expires _____

If you answered YES to any of the following questions, please explain on a separate sheet of paper and attach to this application.

Have you ever been charged or convicted of a criminal offense (misdemeanor or felony other than a parking ticket) in a court of law? No Yes

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

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

Have you ever been accused, arrested, or convicted for any sex-related crimes? No Yes

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

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

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

What are your past experiences in working with children?

Why do you want to be involved with the Children's Ministry at Bay Area Fellowship?

Do you have any physical handicaps or conditions that will prevent you from performing certain types of activities relating to children's work? No Yes
 Do you smoke? No Yes
 Do you drink alcohol? No Yes
 Do you use illegal drugs? No Yes

Is your spouse/parent in agreement with you serving in Children's Ministry at Bay Area Fellowship? No Yes

Other Interests

Hobbies _____

Skills _____

Other _____

Signature Date Spouse/Parent Signature Date