



**GRACE PLACE
CHILDREN'S MINISTRY
APPLICATION**

GRACE KIDZ CHILDREN'S MINISTRY APPLICATION

This application is to be completed by all those desiring a ministry position involving the supervision or custody of minors. It is used to help the church provide a safe and secure environment for the children who participate at Grace Place.

GENERAL INFORMATION (PLEASE PRINT CLEARLY)

Date _____

Name _____
(First) (Middle) (Last)

Current Address _____
(Street) (City) (State) (Zip)

Phone Number _____ Cell Number _____

Email Address _____

LOCAL PERSONAL REFERENCES (MUST BE 18 YEARS OLD AND NOT RELATED TO YOU)

NAME: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____ PHONE: _____

COMMENTS (STAFF USE): _____

NAME: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____ PHONE: _____

COMMENTS (STAFF USE): _____

NAME: _____ RELATIONSHIP: _____

EMAIL ADDRESS: _____ PHONE: _____

COMMENTS (STAFF USE): _____

PREVIOUS WORK EXPERIENCE

COMPANY NAME: _____ POSITION: _____

COMPANY NAME: _____ POSITION: _____

COMPANY NAME: _____ POSITION: _____

VOLUNTEER PREFERENCE (please check all areas that you are interested in)

PRESCHOOL

- INFANTS
- TODDLERS
- PRESCHOOL STORYTELLER
- PRESCHOOL ASSISTANT
- CHECK-IN & SECURITY

ELEMENTARY

- CHECK-IN & SECURITY
- LARGE GROUP STORYTELLER
- LARGE GROUP HOST
- TECH
- SMALL GROUP LEADER

SERVICE PREFERENCE:

- THURSDAY (6:45PM)
- SUNDAY 1ST SERVICE
- SUNDAY 2ND SERVICE
- CELEBRATE RECOVERY (WED)
- SPECIAL NEEDS
- SPECIAL EVENTS 2313

QUESTIONS REGARDING YOUR FAITH

The questions below are part of the process to help provide a safe and secure environment for our children, and to determine whether children's ministry is the best fit for you at this time. All information is held strictly confidential by the children ministry staff and GP pastors. It is our desire to work with you to find a ministry that is fulfilling and best suited to your strengths and experience.

- 1) DO YOU HAVE A PERSONAL RELATIONSHIP WITH JESUS CHRIST? _____ BRIEFLY DESCRIBE: _____

- 2) HOW LONG HAVE YOU ATTENDED GRACE PLACE? _____ ARE YOU IN A SMALL GROUP? _____
- 3) PLEASE CHECK IF YOU HAVE ATTENDED:
 MEMBERSHIP CLASS & DATE: _____ BAPTISM & DATE: _____
- 4) LIST ANY LEADERSHIP/VOLUNTEER EXPERIENCE YOU HAVE WITH CHILDREN: _____

- 5) LIST ANY TRAINING OR EDUCATION THAT HAS PREPARED YOU TO WORK WITH CHILDREN: _____

- 6) LIST ANY OTHER GRACE PLACE MINISTRIES IN WHICH YOU ARE INVOLVED: _____

- 7) ARE YOU CURRENTLY ENGAGED IN ANY CONDUCT THAT IS CONTRARY TO THE TEACHING OF THE BIBLE?
IF YES, PLEASE EXPLAIN: _____

- 8) HAVE YOU HAD ANY EXPERIENCE THAT MIGHT MAKE IT DIFFICULT FOR YOU TO MINISTER TO CHILDREN? _____
IF YES, PLEASE EXPLAIN: _____
- 9) DO YOU CURRENTLY HAVE ANY HEALTH ISSUES THAT COULD PLACE THE CHILDREN AT RISK? _____
IF YES, PLEASE EXPLAIN: _____
- 10) HAVE YOU EVER BEEN DENIED LEGAL CUSTODY OF YOUR CHILDREN IN ANY LEGAL PROCEEDINGS INCLUDING DIVORCE DECREES OR SETTLEMENTS? _____
IF YES, PLEASE EXPLAIN: _____
- 11) HAVE YOU EVER BEEN CHARGED WITH A MISDEMEANOR OR FELONY? _____
IF YES, PLEASE EXPLAIN: _____
- 12) HAVE YOU EVER USED ILLEGAL DRUGS? _____
IF YES, PLEASE EXPLAIN: _____
- 13) HAVE YOU EVER BEEN HOSPITALIZED, TREATED FOR, OR STRUGGLED WITH AN ADDICTION OF ANY KIND? _____
IF YES, PLEASE EXPLAIN: _____
- 14) HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF THE USE OR SALE OF ILLEGAL DRUGS? _____
IF YES, PLEASE EXPLAIN: _____

INITIAL _____

GRACE KIDZ LEADER COVENANT

(For leading, teaching, shepherding, and mentoring positions.)

PLEASE READ BEFORE SIGNING

1. I acknowledge the lordship of Jesus Christ in my life and have a personal relationship with Him.
2. I am committed to growing and maturing in my relationship with God and will encourage others to do the same.
3. I am baptized and a member of Grace Place (or planning to become a member at the first opportunity) and committed to the beliefs and philosophy of the church.
4. I am committed to reading through the ministry handbook and following it's regulations.
5. I will support the church with my regular attendance and financial giving.
6. I am committed to making choices in my lifestyle that are God honoring, consistent with scripture, and above reproach. If I find myself in weakness I will confess and seek restoration.
7. I am committed to following appropriate conflict resolution steps as outlined in Matthew 18:15-17.
8. I will attend leader meetings.
9. I intend to serve for the duration of my position as stated in the position description.
10. I will submit to the leadership God has placed over me and provide feedback to this leadership as appropriate. (Hebrews 13:17)
11. I will share the value of ministry participation and encourage involvement in ministry.
12. I will guard and protect the reputation of Grace Place and its leadership.
13. I will view myself as a spiritual leader and guide the people God has given me to watch over, committing to develop them in Christ and equip them in ministry. (Ephesians 4:12)
14. I agree to my role as described in respective position descriptions. I will prayerfully seek to fulfill that role.

Signature_____

Date_____

Grace Place Confidential Screening/Information Check Procedure

This form is to be completed by **all** volunteers/employees who will be involved in the supervision, custody, or working with minors. This is used to help the church provide a safe and secure environment for minors in our programs. The information is confidential.

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The guidelines below reflect our commitment to provide protective care.

1. All volunteers working with children or youth should not be alone with a child or youth. All youth volunteers must follow the guidelines as outlined in the youth worker requirements.
2. Adults who have been *convicted* of either child sexual or physical abuse *should not volunteer* service in any church sponsored activity or program involving minors
3. Adult survivors of childhood sexual or physical abuse should consult with one of the pastors if they have not received prior counseling or help in dealing with past trauma.
4. Adults should immediately report to the person facilitating direction of the program or to a pastor any behaviors which seem abusive or inappropriate.

Grace Place Volunteer/Employee Background Check Information and Release Form

PLEASE PRINT INFORMATION CLEARLY.

Date: _____

Name: _____
Last First Middle

Maiden name: _____ Other names used in last seven (7) yrs. _____

Current **complete** Address: _____

All Phone numbers: _____ Birth date: _____
Place of Birth: _____ Social Security #: _____
Driver's License # _____

Previous **Complete** Out-of-State Address(es) in the past Seven (7) years:

- 1) _____
- 2) _____
- 3) _____

Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation that resulted **ONLY** in a fine?
Yes No

Please explain if yes: _____

Is there anything about you or anything that occurred in your past that you should speak to a pastor about before working with minors?
Yes No

May we have a pastor contact you? Yes No

Certification & Release

I certify that all statements made in this screening are true and complete. I authorize Grace Place to investigate all statements made and to secure any necessary information from all or any prior employment, references, academic institutions, law enforcement agencies, churches, or other persons and entities and public records. I hereby release all such persons, entities, employers, references, churches, institutions, agencies and Grace Place from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record (including any opinions that any might have regarding my character and fitness for children or youth work). A photocopy of this release can be used for all purposes.

I understand that any false answers or misleading statements as well as misrepresentation by omission made by me will be sufficient for my immediate release from service and will not imply liability to Grace Place. 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 background check.

I hereby acknowledge that I have read, understand, and agree to the preceding statement.

Signature: _____ Date: _____

GRACE KIDZ BACKGROUND CHECK WAIVOR FOR MINOR

I _____(print full name) state that I have never been convicted of, or am not in the process of being tried for any felony, especially that dealing with abuse on another minor.

Signature _____ Date _____
(Minor)

Parent/Guardian Signature _____ Date _____