

COVENANT LOVE FAMILY CHURCH  
**CHILDREN'S MINISTRY**  
**Application**

**Personal**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Female \_\_\_\_\_ Male \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Wedding Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

Can you receive calls at work?  Yes  No Best time to call: \_\_\_\_\_

T-shirt Size (Circle One):  
S M L XL 2XL 3XL

Married  Separated  Divorced  Single  Widow(er)

If married, Spouse's name \_\_\_\_\_ Names and Ages of Children \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address: \_\_\_\_\_

Are you a member of Covenant Love?  Yes  No Have you completed the New Members Class?  Yes  No

Date Completed Class \_\_\_\_\_ How long have you *regularly* attended CLFC? \_\_\_\_\_ Do you tithe?  Yes  No

**Desired area of Children's Ministry Service:**

**Age Group:** Please check age(s) below you would like to minister to. If more than one age is preferred please use (1) for first choice, (2) for second choice.

Nursery

- Infants (0-12 m)
- Toddlers (12-24 m)
- 2 year olds

Preschool

- 3 year olds
- 4 year olds
- Kindergarten

Elementary

- 1<sup>st</sup> grade
- 2<sup>nd</sup> grade
- 3<sup>rd</sup> grade

- 4<sup>th</sup> grade
- 5<sup>th</sup> grade
- 6<sup>th</sup> grade

**Area of Ministry:**

- Head Teacher
- Assistant Teacher
- Child Check-In
- Royal Rangers
- Missionettes
- Puppets
- Musician
- VBS
- Summer Camp
- Office Help
- Newsletter
- Artist
- Service Coordinator
- Drama
- Other \_\_\_\_\_

**What (or who) encouraged you to be involved in the Children's Ministry?**

- Pulpit Announcement
- Visitor's Brochure
- New Members Class
- Service Bulletin
- Children's Ministry Volunteer
- Children's Ministry Leader
- Just Wanted to Get Involved
- Other \_\_\_\_\_

**Current Service Time (check one):**

Sunday 8:30 a.m.  Sunday 11:00 a.m.  Wednesdays 7:00 p.m.

## Spiritual Experience and Church Activity

Write a brief statement of how you became a Christian:

If you were to die today, what reason would you give God for allowing you to enter heaven?

Have you been Baptized in the Holy Spirit? Yes No How do you know? (*Explain*)

Have you been baptized in water? Yes No

What volunteer or career experiences with children have you had in the church or the community?

List any gifts, calling, training, education or other factors that have prepared you for ministry to children:

In what activities/ministries of our church are you presently involved?

Have you discussed with that ministry's oversight pastor how your involvement in the Children's Ministry will affect your involvement in that ministry? Yes No

Are you committed to the vision of Covenant Love Family Church and the Children's Department?  Yes  No

### Last Church attended:

Church  
Name \_\_\_\_\_

Church Location \_\_\_\_\_ Phone # \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Number of years there \_\_\_\_\_

Reason for Leaving:

Would there be any reason you would not want us to contact your previous Pastor for a reference?  Yes  No

If Yes, Please Explain:

Associate Pastor or Ministerial Supervisor: \_\_\_\_\_,  
*Name* *Phone #*

Please list other churches and locations where you have regularly attended over the past five years:

## Confidential Information

The following questions in this section are designed to help us provide a safe, loving, and secure environment for the volunteers and children who participate in our programs.

Answering “yes” to any of the questions in this section will **not** necessarily disqualify you from participating in the Children’s Ministry. A pastor may talk with you in private, to see whether you need any pastoral assistance regarding the matter and to learn whether that issue has a bearing on your ability to work with children.

If you prefer not to answer any of the questions in this section in writing, you may leave them blank, and an appropriate leader will talk with you personally and privately.

Have you ever been convicted of or pleaded guilty to a crime (other than minor traffic violations)?  Yes  No  
 I would like to discuss this

*Comments or Explanations:*

Are you currently under a charge or have you ever been convicted or plead guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor?  Yes  No  I would like to discuss this

*Comments or Explanations:*

Have you ever touched a child in a sexual manner? (Do **not** include child-to-child contact that occurred more than ten years ago.)  Yes  No  I would like to discuss this

*Comments or Explanations:*

Have you deliberately and repeatedly viewed pornography in the past three years? (This includes reading, watching, listening to, or in any other way using pornographic material, including books, magazines, television shows, movies, Internet programs, or telephone services.)  Yes  No  I would like to discuss this

*Comments or Explanations:*

Have you ever been sexually abused or been the victim of domestic violence or abuse of any kind?  Yes  No  
 I would like to discuss this

*Comments or Explanations:*

**Medical / Social**

Do you have any physical disability or condition that would prevent you from performing certain types of activities relating to youth or children’s work (Lifting babies, bending, sitting on the floor)?  Yes  No

If yes, please explain \_\_\_\_\_

Are you on any type of medication prescribed by a Doctor?  Yes  No

If so, what? \_\_\_\_\_

Do you use tobacco?  Yes  No; Drink alcoholic beverages?  Yes  No

Have you ever experienced the following?  Drug abuse  Alcoholism  Neither

Do you agree to abide by the no smoking policy which prohibits any smoking on the premises or otherwise during work/service hours?  Yes  No

**Personal References**

(Not former employer or relative – *Please Include Phone Numbers and Addresses*)

Name \_\_\_\_\_ Phone \_\_\_\_\_ How Long Have You Known This Person? \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How Long Have You Known This Person? \_\_\_\_\_  
 Address \_\_\_\_\_

**The information contained in this application is true and correct to the best of my knowledge. I authorize any of the references or churches I have listed to give you any information that they may have regarding my character and fitness to work with children. I release all such references from liability for any damages that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature required for consideration of approval)

<b>OFFICE USE ONLY</b>			
<b>DATE RECEIVED</b>			
Ministry Leader	_____/_____/_____	Ministry Leader’s Approval	Date _____
<b>DATE RECEIVED</b>			
Children’s Ministry Office	_____/_____/_____	Children’s Pastor Approval	Date _____
<b>DATE READY</b>			
For Pastoral Approval	_____/_____/_____	Senior Pastor Approval	Date _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		