



**Children's/ Youth Ministry Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
(18+ ONLY - for background check purposes)

Shirt size: \_\_\_\_\_

Age range:     Under 18     18-25     26 or older

D.O.B.: \_\_\_ / \_\_\_ / \_\_\_

Are you a member of Grace Community Church?                       Yes     No

Have you made a profession of faith in Christ?                       Yes     No

In which children's/youth program(s) do you want to serve? \_\_\_\_\_

What skills would you bring to the children's/youth program?  
\_\_\_\_\_

What other children's/youth work experience do you have? (please list)

<b>Organization</b>	<b>Program</b>
_____	_____
_____	_____

<b>Dates</b>	<b>Contact</b>
_____	_____
_____	_____

**Have you at any time ever:**

- been arrested for any reason?                                       Yes     No

**Are you aware of:**

- having any traits or tendencies that could pose any threat to children, youth, or others?                                       Yes     No

- any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is “yes”, please explain in detail on a separate sheet:

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### **Children’s/Youth Work Verification and Release**

I recognize that Grace Community Church is relying on the accuracy of the information I provide on the Children’s/Youth Ministry Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Children’s/Youth Ministry Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background our qualifications.

I voluntarily release the organization and any such person or entity enlisted on the Children’s/Youth Ministry Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary. (Background checks will only be conducted on any applicant over the age of 18).

I have carefully read the policy and procedures of the organization, and I agree to abide by them and protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Office Use Only***

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Application Received (date): \_\_\_\_\_

Background Check (date): \_\_\_\_\_  Completed

NSOPW Check (date): \_\_\_\_\_  Completed

By (name): \_\_\_\_\_

Signature: \_\_\_\_\_

Updated in Planning Center on (date): \_\_\_\_\_

By (name): \_\_\_\_\_