

St. John's Evangelical Lutheran Church Children & Youth 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 and youth who participate at St. John's Evangelical Lutheran Church as well as for the volunteers who work with them. All information will be kept confidential.

Name: _____ Nickname: _____
Last First Middle

Home Phone: _____ Cell: _____ Work Phone: (if we may contact you there) _____

Best place to reach me: Home Cell Work Best time to reach me: _____

Email address: _____

Marital Status: _____ Spouse's Name: _____ Number of Children: _____ Ages: _____

Occupation: _____ Place of Employment: _____ Number of yrs: _____

Emergency Contact: _____ Phone Number: _____

How long have you attended St. John's Lutheran Church? _____ Member since: _____

List any other St. John's ministries in which you have been or are currently involved with: _____

List any special interests, hobbies, skills or areas of expertise _____

List any leadership/volunteer experience you have had with children: _____

Why would you like to volunteer as a worker with children or youth? _____

Please indicate the area(s) in which you would like to volunteer:

1st preference: _____

2nd preference: _____

3rd preference: _____

Additional Comments:

Local Personal References (Must be 18 years old and not related to you)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (staff use): _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (staff use): _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (staff use): _____

The questions below are part of the process to help provide a safe and secure environment for our children and youth. All information is held strictly confidential. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences. Answering “yes” to any of these questions does not necessarily disqualify you from volunteering in our Jr. High ministry program.

To the best of your knowledge, is there anything from your past that we should know in advance that might make it difficult for you to minister to youth at St. John’s? _

Have you ever been convicted of or do you have outstanding charges for the use or sale of illegal drugs? ____

Have you ever been convicted or have outstanding charges for child abuse or any crime involving actual or attempted sexual molestation? _____

Have you ever been convicted of or do you have an outstanding charge of a misdemeanor or felony? _____

Do you have any health issues that could place the youth of St. John’s at risk? _

We conduct a background check on applicants depending on the serving position. Do you have any objections? _____

If you answered yes to any of the above questions, please explain briefly: _____

Applicant’s Statement

The information I have given in this application is correct and complete to the best of my knowledge. I agree that false information or significant omissions may disqualify me from further consideration for service and may be considered justification for dismissal if discovered at a later date. I hereby authorize St. John’s Evangelical Lutheran Church to verify all information contained in this application with any references listed. I release all such persons or entities from liability that may result or arise from St. John’s Evangelical Lutheran Church’s collections of all such evaluations or information or its consideration of my application.

Name: _____

Date: _____

Checklist

(To be completed by staff)

Name: _____

___ Application received: (date) _____

___ Background check sent: (date) _____

___ Background check received proceed do not proceed referred to Sr. Pastor: _____

___ References checked: _____

___ References checked by: _____

___ Interview date: _____ By: _____

___ Placement: Hour/Age _____ Position: _____ Start date: _____

___ Entered into Shelby: _____ By: _____

___ Attended Orientation: _____ If no, DVD watched and forms returned _____

Comments: _____

___ Re-do background check on: (date) _____

End Date: _____ Reason for Leaving: _____
