

## Immanuel Church

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### Children's Ministry Volunteer Application

*This application is to be completed by anyone desiring to serve within a Children's Ministry program involving the supervision or custody of minors. The information collected is used to help the church provide a safe and secure environment for the children who participate at Immanuel Church. Once collected, the information will be securely stored and accessible only to the Elders and the Director of the Children's Ministry.*

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

How many years have you been at your current address? \_\_\_\_\_ If less than five years, please give previous address: \_\_\_\_\_

Male  Female Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security #: \_\_\_\_\_

Married  Single  Divorced  Widow(er) Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Emergency Contact (Name, Contact #, Relationship):  
\_\_\_\_\_

Please List Three References: Name, Point of Contact, and Relationship (family, friend, employer)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Testimony:**

Do you have a personal relationship with Jesus Christ?  Yes  No

Briefly describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you attended Immanuel Church? \_\_\_\_\_

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

List any training or education that has prepared you to work with children:  
\_\_\_\_\_  
\_\_\_\_\_

List any other Immanuel ministries in which you are involved:  
\_\_\_\_\_  
\_\_\_\_\_

**Check below all areas of interest:**

- Preschoolers (Babies – 2 years old)
- Children (2<sup>nd</sup> - 5<sup>th</sup> Grade)
- Sunday 9:00 am
- Special Events
- Preschoolers (3 years old – 1<sup>st</sup> grade)
- Children (6th – 12th Grade)
- Sunday 10:00 am

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the Immanuel staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

1. Have you had any experiences that might make it difficult for you to serve with children?  
 Yes  No
2. Have you ever been accused or convicted of the use or sale of illegal drugs?  
 Yes  No
3. Have you ever used illegal drugs?  
 Yes  No
4. Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse?  
 Yes  No
5. Have you ever been charged with a misdemeanor or felony?  
 Yes  No
6. Are you engaged in any conduct that is contrary to the teachings of the Bible?  
 Yes  No
7. Do you have any health issues that could place the children of Immanuel Church at risk?  
 Yes  No
8. Have you ever been denied legal custody of your children in any legal proceedings including divorce, decrees, or settlements?  
 Yes  No

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

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**Applicant's Statement:**

I hereby authorize Immanuel Church to verify all information contained in this application with any references, my past or present employers, or any other appropriate personnel at my present or past employers, churches or other organizations and any individuals to disclose any and all information to Immanuel Church. I release all such persons or entities from liability that may result or arise from Immanuel Church's collections of all such evaluations or information or its consideration of my application.

**Immanuel Church Volunteer Covenant**

Having committed to ministry at Immanuel Church and the habits essential for spiritual maturity, I commit to:

- Practice the security measures in place at Immanuel Church
- Prepare for ministry by growing in my personal relationship with Christ
- Support the leadership by praying for the Immanuel staff, leaders and the children in my class.

Should my application be approved, I agree to follow the policies of Immanuel Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that the personal information contained in this application will be used to conduct a state and federal criminal background check, and that all information contained within this application will be held confidential by the church elders and staff.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_