



Grace Chapel Castle Rock Volunteer Application for Children's Ministries

This application is to be completed by anyone desiring to work in any position involving the supervision or custody of minors. It is our desire to provide a safe and secure environment for those children who participate in our programs and use our facilities.

Personal Information

Today's Date: _____

First Name: _____ Last Name: _____

Address: _____

Phone: _____

Best way to reach you during the day: phone text email

Current Occupation: _____

Where employed: _____

Marital Status: married single engaged separated divorced widowed

Name of Spouse: _____

Have you discussed with your spouse your desire to volunteer? _____

What are his/her feelings about your involvement?

Names and Ages of your children:

Your Passion

Why are you seeking to serve the Lord? _____

What do you feel that you will offer the children?

In your opinion, how does God view children?

What age group do you prefer to work with? _____

In what positions are you willing to serve? teacher helper coordinator assistant

List previous work involving children.

(please identify of organization, type of work, when you worked there, your supervisor, and the phone number)

List any gifts, strengths, callings, education, or other factor that have prepared you for work with children. Also, please list three areas of weakness and how they might impact your work with children.

Personal References

List three personal references (no pastoral staff members and not more than one employer or family member) who would know you and your desire to volunteer in this capacity. (Name, Address, Phone)

Church Activities

List names, dates, and addresses of the last three churches you have attended regularly.

Explain how one becomes saved?

What scripture verse(s) do you use to support your view on salvation? _____

How long have you been attending Grace Chapel Castle Rock? _____

Are you a member of Grace Chapel Castle Rock? yes no in process I want to apply

Are you willing to attend regular Teacher Trainings and/or Leader's Meetings? _____

Personal History
CONFIDENTIAL

This and following pages will be kept secure and is available only to the pastor and church leadership with a specific need to view them. Information contained on these pages is completely confidential.

Your name: _____

Have you ever been accused or convicted of child abuse, or a crime involving actual or attempted sexual molestation of a minor? YES NO

Have you ever been accused, arrested, or convicted for any sexually related crimes? YES NO

Do you use, or have you used, any illegal drugs, even periodically? YES NO

Do you expose yourself to pornographic materials? YES NO

Are you involved in any premarital, extramarital, or homosexual sexual relationships? YES NO

Are you currently involved in any activities that do not align themselves with traditional Christian moral values? YES NO

Have you ever been convicted of any criminal (not minor traffic violations) offense? YES NO

If yes, please explain:

Studies have shown that people subjected to emotional, physical, and sexual abuse have the potential to abuse. Have you ever experienced emotional, physical, and/or sexual abuse in your lifetime? YES NO

If you have answered yes, please explain how the Lord has healed you or how you are working toward healing related to these abuse issues:

Applicant's Statement
CONFIDENTIAL

The information I have given in this application is correct and complete to the best of my knowledge. I understand 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 do understand that a background check (attached authorization form) will be made.

I authorize any references or churches listed in this application to give the interviewer any information (including opinions) that they may have regarding my character and suitability for volunteer work. I waive any right that I may have to inspect any information provided about me by any person or church identified in this application.

I have carefully read the Grace Chapel Castle Rock statement of faith (attached to this form or for full doctrinal statement go to www.gracechapelcr.org). I do heartily accept and endorse it without reservation. Should my application be accepted, I agree to be bound by the leadership policies of Grace Chapel Castle Rock, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I have also read the Grace Chapel Castle Rock Child Protection Policy, and agree to abide by it.

Applicant's signature: _____ Date: _____

Below this line is for office use only

References checked by: _____ Date: _____

Background Check by: _____ Date: _____

Personal Interview by: _____ Date: _____

Confirm identity with a state's driver's license or other photo identification during interview.

Identity Confirmed by: _____ Date: _____

OK to work with children? YES NO