

Coastal Community Church Children's 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 who participate at Coastal Community Church.

Legal Name: _____ Nickname: _____
Last First Middle

Address: _____
Street City State Zip

How Long at this address? _____ If less than five years, give previous address and number of years below:

Previous address: _____ Years: _____

Male Female Birthday: ____/____/____ Home Phone: (____) _____

Cell Phone (____) _____ Work Phone: (____) _____ Best time to call: _____

Social Security #: _____ Driver's License #: _____ Expires: _____

Email address: _____

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

Emergency contact: _____ Phone Number: _____

Occupation: _____ Place of Employment: _____ Number of years: _____

Employment history of last five years:

Employer's name: _____ Phone: _____

Employer's name: _____ Phone: _____

Employer's name: _____ Phone: _____

Do you have a personal relationship with Jesus Christ? _____ Briefly describe: _____

How long have you attended Coastal Community Church? _____ Are you in a home group? _____

Please check the classes you have attended:

A Small Group New Members Class Date of Baptism: _____

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 Coastal ministries in which you are involved: _____

Age/Grade preference:

- Babies to 23 Months
- 2 and 3 years olds
- 4 and 5 year olds/ Kindergarten
- Grades 1 and 2
- Grades 3 and 4
- Grades 5 and 6

Hour Preference:

- Sunday 9:00
- Sunday 10:45

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

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (staff use): _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

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Address: _____ Phone: _____

Comments (staff use): _____

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 Coastal staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

Have you had any experiences that might make it difficult for you to minister to children at Coastal Community Church? _____

Have you ever been accused or convicted of the use or sale of illegal drugs? _____

Have you ever used illegal drugs? _____

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? _____

Have you ever been charged with a misdemeanor or felony? _____

Are you engaged in any conduct that is contrary to the teachings of the Bible? _____

Do you have any health issues that could place the children of Coastal at risk? _____

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? _____

We conduct a police background check on all applicants. Do you have any objections? _____

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

Applicant's Statement

I hereby authorize Coastal Community 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 Coastal Community Church. I release all such persons or entities from liability that may result or arise from Coastal Community Church's collections of all such evaluations or information or its consideration of my application.

Coastal Leader's Covenant

Having committed to our leadership ministry and the habits essential for spiritual maturity, I will commit to:

- Read and practice the security measures in place at Coastal Community Church
- Prepare for ministry by growing in my personal relationship with Christ
- Support the leadership by praying for the Coastal Kids staff, leaders and the children in my class.
- Personal growth and education by participating in Ministry Enrichments, 101, 201 and 301

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

I understand that the personal information will be held confidential by the church staff.

Applicant's Signature: _____ Date: _____

Checklist

(To be completed by staff)

Name: _____

Interview date: _____ By: _____

Reference checks: _____

Work reference: _____

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

Comments: _____

End Date: _____ Reason for Leaving: _____

What Floats Your Boat ?

Name _____

What motivates you? (Write three or four lines on how you like to be encouraged) _____

A daily encouragement for me would be _____

If I could select a gift for myself under \$20.00 it would be _____

If I had all day to do something for myself I would _____

The most fun I ever had was when _____

My favorite hobby is _____

My greatest passion in life is _____

One area I am growing in is _____

The greatest strength I possess is _____
