

## *Children's Ministry Application*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ B-day \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Mobile/Work) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Work Status:**            \_\_\_ Part Time        \_\_\_ Full Time            \_\_\_ Student

Marital Status:            \_\_\_ Single            \_\_\_ Married            \_\_\_ Divorced

Ministry Availability    \_\_\_ Weekly            \_\_\_ Bi-Weekly        \_\_\_ Monthly  
                                  \_\_\_ Days                \_\_\_ Evenings            \_\_\_ Weekends

### **Personal**

1. Please write a brief testimony about how you became a Christian (include approx. date):

2. Please list several events in your life that have impacted you spiritually:

3. How would you describe your spiritual walk now?

4. To whom are you accountable for your spiritual walk? (ie. small group, a mentor, etc.):

# Ministry

1. How long have you attended Grace Baptist Church?\_\_\_\_\_
2. Are you a member at Grace?    **Yes**    **No**    If yes, what year did you join?\_\_\_\_\_
3. What ministry are you applying to be a part of?\_\_\_\_\_
4. Why do you want to serve in this ministry?
5. What other ministry/church serving experiences have you had at Grace or other churches?
6. What are some of your fears about working in this ministry?
7. What are some of your expectations of the ministry leader (s)?
8. Please list 2 references and contact information.

9. Please list your residency for the past 10 years. (County, State, and dates, Street Address not necessary)

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# Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)*

I, the undersigned applicant (also known as “consumer”), authorize \_\_\_\_\_ through its  
*insert church name*  
independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to \_\_\_\_\_, if such is made within a reasonable time  
*insert church name*  
from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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

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

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## Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname):  
\_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

**Former Address:**

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Street /P. O. Box                      City                      State                      Zip Code    County                      Dates

**Social Security Number:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State of Issuance:** \_\_\_\_    **Date of Birth:** \_\_\_\_\_    **Gender** \_\_\_\_\_