



# Children's Ministry Application Form

**Please complete and return this application.**

The information contained in this application will be kept confidential but will be disclosed only to those who have a genuine need to know in order to carry out their responsibility for theway church as required by law. The purpose of obtaining this information is to protect our paid staff, volunteers and children.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Cell Phone Carrier: (needed for texting) \_\_\_\_\_ Can we text you?    Yes    No

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How long have you attended theway church? \_\_\_\_\_ Are you a member?    Y    N

Why do you want to serve in the Children's Ministry?

What area do you want to serve in?

thelife student ministry

Sunday School Teacher

Nursery

Children's Church Volunteer

Special Events for Children

What age group do you want to work with?

0 – 12months

1-2year olds

3-4year olds

K-2<sup>nd</sup> grade

3<sup>rd</sup>-6<sup>th</sup> grade

7<sup>th</sup>-12<sup>th</sup> grade

Though it is not required, what prior experience do you have working with children?

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A criminal background check is required in order to serve in the children's ministry. Are you willing to have a criminal background check?    Yes    No

If yes, you will receive an email message with a link to start the process. (continue to back of page)

If you do not have an email address, complete the authorization information on the back of this form.

I understand that to verify my suitability as a paid employee or volunteer worker in the Children's Ministry, theway church will request a criminal records search. I understand that the personal information will be held confidential. As a paid employee or volunteer worker in the Children's Ministry at theway church, I agree to observe and abide by the policies and safeguard measures of theway church.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent/guardian if applicant is a minor)

### CRIMINAL RECORDS CHECK AUTHORIZATION

I hereby authorize theway church and its authorized agent to obtain any information which pertains to any record of convictions maintained on me whether local, state or national.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent/guardian if applicant is a minor)

\_\_\_\_\_  
Last Name First Name Middle Name/Initial

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

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
SSN\* Driver's License#\* or State ID # State Issued

\_\_\_\_\_  
Email Address

For identification purposed only, please provide FULL DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

Please List Other Names Used \_\_\_\_\_

**\*Note – Your SSN and Driver's License number will remain a matter of private information and will not be disclosed for purposes other than processing a criminal records check.**