

Calvary Chapel of Lexington Children's Ministry Application

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for the children who participate in our activities or use our facilities. We are not looking for professionals. We are looking for faithful, committed Christians who love children and who desire to be a part of discipling them to know Jesus through prayer, God's love and the teaching of the Bible.

PERSONAL DATA

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

Place of Employment: _____ Work Phone: _____

Type of Work You Do: _____

Spouse: _____ Children's Names and Ages: _____

Why do you desire to be involved in children's ministries? _____

What special talents or abilities do you have that you would like to share with the children? _____

What type of previous experience do you have working with children? _____

What are your hobbies and interest? _____

How long has Calvary Chapel of Lexington been your church home? _____

Where did you fellowship prior to coming to CCL? _____

What was your reason for leaving your former church? _____

Would you mind being fingerprinted? _____ Photographed? _____

Do you have any communicable diseases? _____ If yes, explain. _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? _____

If yes, please explain. Include dates and locations. _____

REFERENCES

Please give three references (not relatives) that we may contact:

1. Name: _____ Years Known: _____ Phone Number: _____

Address: _____

2. Name: _____ Years Known: _____ Phone Number: _____

Address: _____

3. Name: _____ Years Known: _____ Phone Number: _____

Address: _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Calvary Chapel of Lexington any information (including opinions) that they may have regarding my character and fitness to work with children. I release all such references and Calvary Chapel of Lexington from any liability for exchanging information or furnishing evaluations, provided it is done in good faith without malice. I waive my right I have to inspect references made on my behalf. Should my application be accepted, I agree to follow the policies and procedures of Calvary Chapel of Lexington, and to refrain from unscriptural conduct in the performance of my service on behalf of the church.

Applicant's Signature: _____ Date: _____

CHILDREN'S MINISTRY DATA

PLEASE INDICATE BELOW WHEN AND WHERE YOU WOULD LIKE TO SERVE.

MARK ALL THAT APPLY.

Leadership Assistance:

_____ Team Coordinator _____ Team Leader _____ Provide Administrative Assistance

Special Events:

_____ Easter _____ Vacation Bible School _____ Fall Festival _____ Christmas _____ Worship

9:00 A.M. Service:

_____ Nursery Attendant (Indicate Age Preference) _____ Infant _____ Toddler _____ Terrific Twos
_____ Preschool Check In/Out _____ Teacher Assistant (Indicate Age 3 through 1st Grade) _____
_____ Preschool Teacher (Indicate Age Preference) _____ Age 3 _____ Age 4 _____ Age 5
_____ Children's Church Teacher (Indicate Grade Preference) _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th

11:00 A.M. Service:

_____ Nursery Attendant (Indicate Age Preference) _____ Infant _____ Toddler _____ Terrific Twos
_____ Preschool Check In/Out _____ Teacher Assistant (Indicate Age 3 through 2nd Grade) _____
_____ Preschool Teacher (Indicate Age Preference) _____ Age 3 _____ Age 4 _____ Age 5
_____ Children's Church Teacher (Indicate Grade Preference) _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th

Calvary Kids' Club:

_____ Nursery Attendant (Indicate Age Preference) _____ Infant _____ Toddler _____ Terrific Twos
_____ Playground Attendant _____ Games Coordinator _____ Snack Coordinator
_____ Teacher Assistant (Indicate Age Preference) _____ Preschool _____ 1st & 2nd _____ 3rd & 4th _____ 5th
_____ Preschool Teacher (Indicate Age Preference) _____ Age 3 _____ Age 4 _____ Age 5
_____ Children's Church Teacher (Indicate Grade Preference) _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th

PLEASE INDICATE LENGTH OF COMMITMENT:

_____ Week at a Time _____ Month at a Time _____ Quarter at a Time _____ Year at a Time _____ Substitute

SPIRITUAL DATA

Do you believe that the scriptures are infallible and verbally inspired by God? _____

What is your understanding of the Trinity? _____

Is Jesus God? _____ If you were to die today are you sure you would go to heaven? _____

How do you know you are saved? _____

Why should a person be baptized? _____

Why is the resurrection of Christ important? _____

Do you believe that Jesus is coming again? _____

What is the reason for trials and sickness? (Are all healed?) _____

How is your present walk? _____

Do you disagree with any teachings of Calvary Chapel? _____ If so which ones, and why? _____

Please give your testimony describing briefly when and how you came to know Christ as your personal Savior. Please tell us when you were born again. _____
