

Volunteer Information & Application (Children & Student Ministry)

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 students who attend Crossroads Church.

Legal Name: _____ Nickname: _____
Last First Middle

Address: _____
Street City State Zip

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

Cell: () _____ Best time to call: _____

Email address: _____

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

Occupation: _____ Place of Employment: _____ Number of Years: _____

How long have you attended Crossroads Church? _____ Are you a member? _____

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

List any volunteer experience or employment you have had involving children (list place, type of work, dates): _____

What are some of your talents or strengths that would benefit the children's ministry: _____

List any vocations, training, or other experiences which have equipped you to work with children: _____

List any other Crossroads' ministries in which you are involved: _____

Which areas/age groups are you interested in serving with:

- Babies & 2's 3's & 4's Pre-k & Kinder 1st-3rd 4th & 5th
 6th-8th 9th-12th

References (Must be 18 years old)

***References must be from a Crossroads staff member, pastor, church member, ministry leader or a staff member from a previous church**

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (for staff use) _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (for staff use) _____

The following questions are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by Crossroads children's ministry staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences. Answers may be continued at the bottom of page if necessary.

Why do you want to work with children at Crossroads Church? _____

When you are upset by a person or situation, how do you react? _____

Have you experienced any severe physical or emotional stresses within the past year, such as the loss of a loved one or extreme illness?

If so, please briefly explain. _____

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

Have you ever been physically or sexually abused as a child? _____

Have you ever been accused of physically or sexually abusing someone else? _____

Are you involved in any conduct that would call into question your ability to work with children? _____

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

Applicant's Statement

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

Signature _____ Date _____

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 two years after requesting a background check.)

I, the undersigned applicant (also known as “consumer”), authorize **Crossroads Church** through its independent contractor, ADP, 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 **Crossroads Church**, if such is made within a reasonable time 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 _____

Ministry area of which you are applying: _____

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

Dates

Previous Address:

Street/P.O. Box

City

State

Zip Code

Dates

Social Security Number: _____ Daytime Phone Number: _____

Date of Birth: _____