



## Fellowship Children's Ministry Teen Volunteer Application

Please complete this form and return it to the church office.

Today's Date : \_\_\_\_\_

### Your Personal Information:

Name : \_\_\_\_\_ Birthday: \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone : \_\_\_\_\_

### Additional Information:

Are you a member of a church?    Yes    No    If yes, where do you attend? \_\_\_\_\_

Where would you like to serve in Fellowship's Children's Ministry?  
\_\_\_\_\_

Have you served in Children's Ministry before?    Yes    No    If yes, where ? \_\_\_\_\_

Why do you want to serve in Fellowship's Children's Ministry?  
\_\_\_\_\_  
\_\_\_\_\_

List any spiritual gifts, training or experiences that you believe will help you while serving in Childrens ministry. This may include previous experiences with kids.  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Background Check consents are digitized and will be sent to the email address provided in my application. We request you to check your email from Ministry Safe promptly for the Background Check request.

INIT.

Have you ever lived outside of the state of Texas?                                    Yes                                    No

Have you ever been a victim of or accused of any kind of abuse?                                    Yes                                    No

Have you ever been arrested?                                    Yes                                    No

If yes, were you convicted of a crime?                                    Yes                                    No

If yes to any of the above, please explain and use an additional sheet of paper if necessary. Include the details if you answered "yes" to that question.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are you being spiritually fed amongst your peers?

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Is there anything else we should know about you?

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**Personal References (Must be over 18 years old and unrelated to you.)**

**Student Ministry Pastor Recommendation**

Name : \_\_\_\_\_

Church: : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

How long has student participated in Student Ministry with this Pastor: \_\_\_\_\_

**Teacher, Friend Recommendation**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Relationship : \_\_\_\_\_ Known For : \_\_\_\_\_

**Teacher, Friend Recommendation**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Relationship : \_\_\_\_\_ Known For : \_\_\_\_\_



# Applicant's Agreement Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give any information they may have regarding my character and fitness for working with children. I release all such references from liability for any damage that may result from furnishing such evaluations to you. I also understand that I must complete a background check as required by Fellowship Bible Church's policies. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Should my application be accepted, I agree to serve out my commitment to the best of my ability and to follow the guidelines and philosophy of ministry laid out by the Staff and Elders of Fellowship Bible Church. When struggles arise, I understand that I am expected to handle struggles or differences of opinion in a Godly manner and without creating divisiveness among people who attend or serve in this church.

I understand that the personal information contained herein will be held confidential by Fellowship Children's Ministry at Fellowship Bible Church.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



LOVE GOD   LOVE PEOPLE   JOIN JESUS ON HIS MISSION

## Office Use Only

<input type="checkbox"/>		Date:	Initials:	Notes
<input type="checkbox"/>	Application Recieved			
<input type="checkbox"/>	References Verified			
<input type="checkbox"/>	Interview Completed			
<input type="checkbox"/>	Back Ground Check Completed			
<input type="checkbox"/>	Start Date Assigned			
<input type="checkbox"/>	Volunteer Orentation			
<input type="checkbox"/>	Schedule Received			

\_\_\_\_\_  
Signature of Director of Children's Ministry

\_\_\_\_\_  
Date