

CHARIS KIDZ VOLUNTEER APPLICATION

This application is to be completed by all applicants for any volunteer position involving the supervision of minors in the Charis Kidz ministry of Charis Community Church.

GENERAL INFORMATION

Today's Date: _____
Full Name: _____ Preferred Name: _____
Address: _____
City, State & Zip: _____ Home phone: _____
Cell phone: _____ Work phone: _____
E-mail: _____

Check desired ministry area(s):

- INFANTS** (newborn – 17 months)
- TODDLERS** (18 months – 2 years old)
- PRESCHOOL** (3 years old – 4 years old)
- BIG KIDZ** (5 years old – 9 years old)

CHURCH INVOLVEMENT

How long have you attended Charis? _____
Are you a Covenant Member of Charis? Yes No Since when? _____
If not, do you regularly attend our Sunday services? Yes No
Do you regularly participate in a Gospel Community? Yes No
Which one? _____
In what other church ministries are you presently involved?

Have you personally accepted Jesus Christ as your Lord and Savior, and are you committed to having the character of Jesus live through you? Yes No

Briefly share your testimony:

What do you think the purpose of Charis Kidz is in the local church?

Why do you want to be a part of the Charis Kidz ministry at Charis?

REFERENCES

List at least 2 adults, who are not related to you, yet have a definite knowledge of your character and ability to work with minors.

1. A pastor or Gospel Community leader at Charis

Name _____
Length of time known _____

2. A Covenant Member of Charis

Name _____
Length of time known _____
E-mail Address _____
Primary phone _____ Other phone _____

3. A pastor of your previous church

Name _____
Length of time known _____
E-mail Address _____
Primary phone _____ Other phone _____

FAMILY INFORMATION

Marital status: Single Married Divorced Engaged

If married, spouse's name: _____

If you have children, their names and ages:

1. _____ 3. _____
2. _____ 4. _____

EDUCATION

Are you CPR certified? Yes No

Do you have any medical training? Yes No

Please describe: _____

MINISTRY EXPERIENCE

(List most recent first)

Church, Dates, Area(s) of service, Phone

1. _____
2. _____
3. _____

Briefly describe your previous experience in working with minors:

Have you ever gone through treatment for alcohol or drug abuse? Yes No

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer? Yes No

Is there anything in your past or current life that might be a problem if we found out about it later? Yes No

(If the answer to any of the above questions is yes, they will be discussed confidentially during an interview.)

I have read the church's statement of faith and Volunteer Expectations and agree to be bound by them. Yes No

Initial here: _____

WAIVER/RELEASE

I, the undersigned, give my authorization to Charis Community Church representatives – hereafter referred to as Charis – to verify the information on this form. Charis may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church ministry worker. I am also willing to submit to a background check.

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 you any information (including opinions) that they may have regarding my character and fitness for ministry. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the statement of faith and policies of Charis, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of Charis. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement which I have read and understand.

Print name _____

Signature _____

For office use only:

Date received:

Date of follow up:

Date of New Volunteer Training:

Starting role:

Starting date: