



GRACE LIFE CHURCH
CHILDREN'S MINISTRY APPLICATION
APPROVAL PROCESS

Name of Applicant: _____

Upon receipt of Children's Ministry Volunteer Application, please attach and route as follows:

First

Date: _____

TO: Ministry Leader: _____

Ministry Leader Application Comments: _____

Second

Date: _____

TO: GLC Administrator: Rob Falconer

Date Background Check Requested: _____

Date Background Check Returned: _____

Administrator Comments: _____

Third

Date: _____

TO: Elder's Meeting for Final Review

Elder's Comments: _____

Fourth

Date: _____

Application Approved: YES NO

Elders, please notify Ministry Leader of application status and of any necessary comments from Elders.

Elders, please return application to Church Secretary for secure filing.

Children's Ministry Volunteer Application Grace Life Church

This form is to be completed by all volunteer candidates for any position with Grace Life Church involving the supervision of children. Please answer all of the questions, as we will not process incomplete applications. The information on this form will be considered confidential.

Name _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Marital Status: _____ Spouse's Name: _____

Children's Names / Ages: _____

Position Volunteering For: _____ Age / Grade level preferred: _____

Briefly describe your testimony / spiritual journey and current devotion life : _____

Church Activity

1. How long have you been attending Grace Life Church? _____

2. List other churches you have attended during the past five years:

Church Name	Phone Number	Contact Person	Years Attended
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3. Have you previously worked or volunteered for Grace Life Church? _____ If yes, what activity / ministry? _____

4. Please list any previous experience in other churches or organizations involving children or youth: _____

5. Please list any skills, qualifications, and training you have in working with children: _____

6. Why do you want to serve in Children's Ministry? _____

References

Please provide two character references and two professional references that we may contact.

1. Name: _____ Phone Number: _____

Address: _____

Relationship to You: _____

2. Name: _____ Phone Number: _____

Address: _____

Relationship to You: _____

This form is being used to help Grace Life Church provide a safe and secure environment for the children who participate in our programs. This form is not an employment application.

Background Check Information

(All information will remain confidential among church pastors and elders)

1. Have you ever been convicted of, or pled guilty to, or are charges pending concerning any crime or misdemeanor involving actual or attempted child abuse, neglect or molestation? Yes No

If yes, please explain (attach a separate sheet if necessary).

2. Have you ever been charged with a sexual offense, offense relating to children or crime of violence? Yes No If yes, please explain (attach a separate sheet if necessary).

3. Have you ever been convicted of, or pled guilty to, or are charges pending concerning any other crime? Yes No If yes, please explain (attach a separate sheet if necessary).

Note: Conviction of a crime that does not involve any risk to children or youth is not an automatic disqualification to volunteer service.

4. Have you ever been the subject of a civil lawsuit involving, or an investigation or allegation of, sexual misconduct, sexual harassment or other immoral behavior or conduct involving adults or children? Yes No If yes, please explain (attach a separate sheet if necessary).

5. Have you ever abused a minor or engaged in conduct including abduction for immoral purposes, sexual assault, failing to secure medical attention for an injured child, pandering, crimes against nature involving children, taking indecent liberties with children, neglect of children, obscenity offenses or similar moral impropriety involving children? Yes No If yes, please explain (attach a separate sheet if necessary).

6. Have you at any time during the past five years used illegal drugs or other illegal controlled substances? Yes No

7. Have you at any time during the past five years been intoxicated or otherwise misused any alcoholic beverages? Yes No

8. Have you ever viewed, or participated in the creation, dissemination, or transmission of, or otherwise used, pornography or pornographic materials of any type? Yes No

Candidate Statement

Please read carefully before signing.

I hereby authorize Grace Life Church to contact any references or organizations listed in this application and authorize such references or organizations to release any information contained in their files or records concerning me. In consideration of the receipt and evaluation of this form by Grace Life Church, I release Grace Life Church, all of its representatives, and all such references and organizations from any and all liability for any damage that may result from furnishing such information to you. 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 form.

I understand and agree that it is critical to the mission and ministry of Grace Life Church that all volunteers conform to the highest standards of safety, interpersonal conduct and sexual morality. I affirm that I will strictly comply with Grace Life Church's policies and procedures including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in immediate dismissal from my volunteer position.

My responses above are true and correct. I understand and agree that any false answers or statements made by me on this form or any supplement thereto, or any false statements made to the representative(s) of Grace Life Church during the interview process will be sufficient grounds for not allowing me to serve or immediately discharging me, no matter when it is discovered.

I HAVE CAREFULLY READ, UNDERSTAND AND AGREE TO THE ABOVE
"CANDIDATE STATEMENT" AND FURTHER UNDERSTAND AND AGREE THAT A
COPY OF THIS FORM SHALL BE A VALID AS THE ORIGINAL.

Signature of Candidate

Date

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Grace Life Church**, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

I wish to receive a copy of any consumer report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect My Ministry directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Signature _____ TODAY'S DATE _____

STATE OF MINNESOTA

COUNTY OF _____

This instrument was acknowledged before me on _____, 20__

by _____.

Notary Public

Printed Name _____

Title _____

My commission expires: _____

LAST NAME _____ FIRST NAME _____ MIDDLEINITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____

D/L or STATE ID _____

STATE ISSUED _____

EMAIL ADDRESS _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

Protect My Ministry, Inc.
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Phone: 800-319-5581 Fax: 800-319-5582
www.protectmyministry.com