

MINISTRY APPLICATION



FOR CHILDREN'S AND YOUTH MINISTRY VOLUNTEERS

Please return the completed and signed application to Pastor Paul Cummings. Paper or electronic copies accepted. Email the electronic copy to paulc@eastridgebaptist.org. A completed application does not guarantee the applicant a volunteer position. All applicants are required to complete a background check permission form to serve in children's or youth ministry.

Name _____ Today's Date _____
mm/dd/yyyy

Address _____
Street Address City State Zip

Best Contact Phone _____ Occupation _____

E-mail _____ Date of Birth _____
mm/dd/yyyy

Have you trusted Jesus as your Lord and Savior? Yes No How Long? _____

How long have you been attending Eastridge Baptist Church? _____

Have you attended Eastridge 101? Yes No

Are you a member of Eastridge Baptist Church? Yes No How Long? _____

Do you agree with the Doctrinal Statement of EBC? Yes No

Please explain any disagreements:

What is your current ministry involvement? _____

MINISTRY INTERESTS

Select all that apply

Vacation Bible School

Infant Nursery

Sunday School: 1st and 2nd

Adventure Club

2s & 3s Nursery

Sunday School: 3rd & 4th

Children's Church

Sunday School: 4s & 5s

Sunday School: 5th & 6th

Youth (7th-12th grade)

REFERENCES Please provide two references (non-family members)

Reference #1	Reference #2 (Someone who has discipled you or is currently doing so)
Name _____	Name _____
Email _____	Email _____
Phone _____	Phone _____
Relationship to you _____	Relationship to you _____

PERSONAL HISTORY

Is there anything in your background (including, but not limited to, being the victim of abuse or mistreatment as a minor) that would raise any questions or concerns relating to your working with children? Yes No

If YES, please describe:

Have you ever been accused of any improper act relating to abuse or mistreatment of a minor? Yes No

If YES, please describe:

Are you using illegal drugs? Yes No

Are you using marijuana? Yes No

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

If YES, please describe (Your answer will not necessarily disqualify you from serving.):

Have you ever been convicted of any criminal offenses? Yes No

If YES, please describe (Your answer will not necessarily disqualify you from serving.):

Is there anything in your background that would disqualify you from working with children (e.g., child abuse, communicable diseases, etc.)? Yes No

If YES, please describe:

Are there any habitual sins in your life which would be an embarrassment to Jesus Christ as well as this ministry (e.g., sexual immorality, pornography, substance abuse, illegal activity, etc.)? Yes No

If YES, please describe:

PLEASE ANSWER THE FOLLOWING:

Please share your Christian testimony

Concisely explain the gospel

Define the lordship of Jesus and describe how it is displayed in your life

Describe what has contributed to your spiritual growth since you became a Christian.

What accountability do you have to help you continue to grow in your walk with the Lord?

What do you believe to be your spiritual gifts? In what ways would you like to use them in the ministry you are applying?

In what ways are you currently involved in the life of EBC?

Are you currently involved in a Small Group or HDG? If so, which group(s)?

How would you define “discipleship?”

Have you ever been discipled? Yes No

If YES, by whom?

Have you ever discipled someone? Yes No

If YES, who?

As a discipler, what does it mean to be above reproach?

Why do you want to work in children's/youth ministry?

How would you discuss gray areas with students?

How would you discuss with students a topic that you might disagree with leadership?

Have you previously served or worked in an environment involving children or those with special needs? Yes No

If YES, please describe:

In what other ministries have you served? Please give estimated dates and who was overseeing your ministry?

Are there any specific issues or concerns in your life right now that would negatively impact and affect your commitment and involvement in the ministry you are applying for? (e.g., relationships, other commitments, schedule, etc.)

Additional comments:

By typing your first and last name on the signature line below, you agree that all the information you have provided is true and correct to the best of your knowledge.

Signature _____

Date _____
mm/dd/yyyy

Office Use Only:

Elder/Pastor Approval _____
Signature _____ Print Name _____ Date _____

Comments _____



Background Check Consent Form
Eastridge Baptist Church
12520 SE 240th St., Kent, WA 98031

This form authorizes Eastridge Baptist Church to obtain background information and must be completed by the applicant. Once you submit the consent form, you will receive an email with further instructions.

Eastridge requires background checks to be renewed every few years for all volunteers in children's and youth ministries. By signing this form, you agree to Eastridge conducting additional background checks as deemed necessary.

I, _____ (applicant's complete name), hereby authorize Eastridge Baptist Church to obtain and/or request information about my background, criminal history, or police records, from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law.

I understand that this information may be material to my qualifications now, and if applicable, during the tenure of my volunteering with Eastridge Baptist Church. I further understand that this form will be valid at any time after receipt of this authorization to permit Eastridge Baptist Church to conduct regular background checks throughout my volunteer service.

By typing your name in the signature box below, you agree to: 1) allow Eastridge Baptist Church to complete a background check on you and 2) to provide true and accurate information during the background check application process.

Signature: _____

Date: _____
mm/dd/yyyy

Save form to your computer as "MinistryApp+Your Name"

Submit your form via email to paulc@eastridgebaptist.org

(Optional) Print the completed form for your records