

MINISTRY APPLICATION

FOR CHILDREN'S AND YOUTH MINISTRY VOLUNTEERS



EASTRIDGE
BAPTIST CHURCH

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? (required to serve in these ministries) Yes No

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

What is your current ministry involvement? _____

MINISTRY INTERESTS

Select all that apply

Vacation Bible School	Infant Nursery	Sunday School: 1 st and 2 nd
Adventure Club	2s & 3s Nursery	Sunday School: 3 rd & 4 th
Children's Church	Sunday School: 4s & 5s	Sunday School: 5 th & 6 th
Youth (7th-12th grade)		

REFERENCES

Please provide two references (non-family members)

Reference #1

Name _____ Best Contact Phone _____
Email _____ Relationship to Reference _____

Reference #2

Name _____ Best Contact Phone _____
Email _____ Relationship to Reference _____

Please concisely explain the gospel.

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

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

Additional Comments

Type your name on the signature line below to complete the application.

Signature: _____

Date: _____
mm/dd/yyyy

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