Children/Youth Event Ministry Application

bethlehemscv cares about children and youth. We desire to ensure their safety while they are under church staff or voluntary supervision. Anyone who serves around children/youth must complete this ministry application form. The information on this form is only for internal use by bethlehemscv and as such, all answers will be kept strictly confidential.

PART ONE: Personal Data

Complete legal name:		Today's date:
Address: If less than 5 years at present add		Years? ess and number of years below:
·		Years?
E-mail address:		Date of Birth:
Phone - home: ()	work:()	cell:()
Social Security number:	Drive	r's License number:
Marital status:	Spouse's name (if app	olicable):
Occupation:	Place of emp	loyment:
How long have you attended beth	lehemscv:	Are you a member?
PART TWO: Area of Inte		
		er, Storytelling, Craft, Snacks, Games, VBS prep,
	,,	
Please indicate any gifts, training,	skills, education, etc. that have	prepared you to work in children/youth ministry:
Any non-Ministries work involving	children? Yes No N	Which organizations? Location? Type of work?

PART THREE: Testimony Briefly describe your relationship with Jesus Christ as your personal Lord and Savior (use separate sheet if needed).				
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DART FOLIS	2: Annlicant's Statement: (Please	e attach a copy of your driver's license to this application).		
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	e following statements as they apply to yo	u. bethlehemscv to be my home church		
-	I agree with the statement of belief of LCN	•		
	-	godly role model.		
	nvicted of or pleaded guilty to a crime	•		
If yes, please attac	ch an explanation. NOTE: Prior convictions concern	ning children will prevent me from serving in children's ministry.		
The information listed in this appl	contained in this application is correct to the	best of my knowledge. I authorize any references or Ministries g opinions) that they may have regarding my character and fitnes	SS	
	cation be accepted, I agree to be bound b nlawful conduct in the performance of my se	y the bylaws and policies of bethlehemscv and to refrain from ervices on behalf of the Ministries.		
Date:	Applicant's signature:	Print name:		
	eader of ministry at bethlehemscv, I, to above individual in serving the children a	the best of my knowledge, can attest to the integrity and fir nd youth of bethlehemscv.	ne	
Date:	Ministry Leader signature:	Position:		