



## INDISPENSABLE TEAM MEMBER APPLICATION

### GENERAL INFORMATION:

*All personal information obtained in this application is held in strict confidentiality and will be only for the purpose of obtaining appropriate background information when required by Kindred Community Church and/or local and state governing agencies to insure the safest environment possible for those we are serving.*

Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
(Last) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact:  Text  Email

Phone Carrier: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Separated

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CHURCH INFORMATION:

How long have you been attending Kindred? \_\_\_\_\_

Are you a member?  Yes  No  In process

Please list other church ministries that you have been or are currently involved in:

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**REFERENCES:**

Please list three references below from Kindred Community Church:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**LEGAL**

*Please answer the following questions completely. Any special concerns may be discussed individually with the leadership at Kindred. Your responses will be held in complete confidentiality. (Note: membership & a background check are only applicable if you are 18 or older)*

1. Have you ever been convicted of a crime?  Yes  No

(If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been accused or convicted of child abuse and/or sexual molestation of a minor?  Yes  No

(If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever gone through treatment for alcohol or drug abuse or are currently using any form of illegal drugs?  Yes  No

(If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

4. Are you willing to be background checked and/or fingerprinted for the State Bureau of Criminal Identification?  Yes  No

### **MINISTRY PREFERENCES**

I am interested in serving in the following area(s):

- Help Desk/Check-In Families (1st or 2nd Service)
- Set Up Kindred Kids Help Desk (Before 1st Service)
- Tear Down Kindred Kids Help Desk (After Second Service)
- Set Up/Ministry Informant for the Patio Table (Before 1st Service)
- Tear Down/Ministry Informant for the Patio Table (After Second Service)
- Set Up for Sensory Room (Between 1st & 2nd Service)
- In Kindred Kids as a one-to-one buddy (1st or 2nd Service)
- In the Adult Bible Fellowship Class (1st Service)
- In the Medically Fragile Class (2nd Service)
- Substitute Buddy (1st or 2nd Service)
- Miscellaneous Administrative Tasks
- Miscellaneous Cleaning Tasks
- No Preference

I am interested in serving those with:

- Mild-Moderate Special Needs
- Moderate-Severe Special Needs
- No Preference

I am interested in serving during the following services:

- 1<sup>st</sup> Service (8:30am)
- 2<sup>nd</sup> Service (10:30am)
- No Preference

**ADDITIONAL INFORMATION:**

Which main service do you attend:

1<sup>st</sup> Service (8:30am)

2<sup>nd</sup> Service (10:30am)

Do you have any previous experience caring for individuals with special needs?

Yes  No (If yes, please explain below)

Previous Experience/Exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your current profession (i.e. full-time student, stay-at-home parent, secretary, nurse, teacher etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Indispensable:

Family Member/Friend

Video Announcement

Church Bulletin

Church Website

Social Media

**THINGS TO KNOW:**

- The commitment to serve in this ministry is every other week for three months at minimum. Consistency and communication are crucial to this ministry.
- Your schedule will be sent to you via text + email. If you are unable to serve on your scheduled date, please email [specialneeds@kindredchurch.org](mailto:specialneeds@kindredchurch.org).
- Under no circumstance may you take or disclose photos/videos pertaining to the Indispensable Ministry.
- On occasion, our individuals with Special Needs may exhibit some maladaptive behaviors.
- Please wear proper footwear, according to your area of serving.

**ACKNOWLEDGEMENT:**

*The information contained in this application is correct to the best of my knowledge. I understand that the personal information in this application will be held confidential by Kindred Community Church. By signing this application, acknowledge that I have read this information in its entirety and agree to comply to all that was stated above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_