

**APPENDIX F**  
**Application for Youth and Children's Ministry Workers**

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

**General Information**

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

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

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

Best Time to Reach You: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

**A photo copy of your drivers license or photo ID is required.**

Are you a member of the Church? Yes No

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

Church program(s) you have participated in: \_\_\_\_\_

What ministries have you served in? \_\_\_\_\_

Degree(s) and/or certification(s) you have related to children: \_\_\_\_\_

\_\_\_\_\_ CPR or First Aid certified: \_\_\_\_\_

List experience(s) working with children: \_\_\_\_\_

Why are you interested in working with children? \_\_\_\_\_

Which particular program would you like to work with? \_\_\_\_\_

**References:** Please provide two (2) references for individuals you have known for at least one (1) year.

Reference forms are attached. Please detach and give to those persons you ask for a reference. It is your responsibility to remind these individuals to return the completed form directly to the church.

**Interview:** You will be contacted upon completion of your background check to schedule an interview.

**Background Check:** Every children's worker is required to obtain a criminal background check prior to any involvement in children's ministry. See attached sheet for instructions on how to obtain this.

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

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**REFERENCE FORM**

The following individual has applied to Solon Center Wesleyan Church to work in one of our children's programs. Our application process requires each applicant to supply 2 references. The applicant asks that you complete this Reference Form and return it to the Church within 7 days. Thanks!

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant?: \_\_\_\_\_

Please describe the nature of your relationship with the applicant: \_\_\_\_\_

\_\_\_\_\_

Applicant's strengths: \_\_\_\_\_

Applicant's needs for growth: \_\_\_\_\_

Do you have any reservations about the applicant working with children?    Yes    No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Note: You may be contacted directly by a Church leader as a follow up to your reference.

Please return this completed form directly to: Solon Center Wesleyan Church, 15671 Algoma Ave., Cedar Springs, MI 49319