

# Enid MB Church

## Education Ministry Application Form

This form is **confidential** but will be shared with pastors

Thank you for your interest in serving in Enid MB's Children and Student ministries. It is our desire that you find your place in gospel ministry and know the joy and the fulfillment that goes along with serving the Lord Jesus and His church. **Please complete** the following and give it to Mark Brumbaugh or Leigh Sandwick. You can deliver it the church office, or email it to [mark@enidmb.com](mailto:mark@enidmb.com) or [leighsandwick@gmail.com](mailto:leighsandwick@gmail.com).

### PERSONAL:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Is it ok to send text messages to this number? \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_

Employment: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_

Children (if any): \_\_\_\_\_

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

What is the best way to reach you?  
\_\_\_\_\_

### YOUR TESTIMONY:

Please tell **1.)** How you came to know Jesus Christ and **2.)** Describe your current relationship with Him:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(write on separate paper as needed)**

Explain the gospel? (briefly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know and affirm our statement of faith?  Yes  No

Any Comments? \_\_\_\_\_

How are you involved at Enid MB?

Church Member: \_\_\_\_\_ [How long? \_\_\_\_\_] Attendee: \_\_\_\_\_ [How long? \_\_\_\_\_]

Attend Sunday worship? Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_  
Other church affiliation: \_\_\_\_\_ What church? \_\_\_\_\_  
Sunday School? Attend \_\_\_\_\_ Teach/help \_\_\_\_\_  
Do you attend a life group regularly? \_\_\_\_\_ Who is the leader? \_\_\_\_\_  
Other participation: \_\_\_\_\_  
Previous church or churches: \_\_\_\_\_

(Continue on reverse side)

**What Area of Service would you like to be involved in? (Check any that apply)**

- Sunday School     Children's/Junior Church     AWANA     Nursery Helper  
 Student Ministry     Camp/VBS     Other (**specify:** \_\_\_\_\_)

**\*\* If you are interested in serving in the Nursery, please check what age/services you prefer:**

**(check all that apply)**

- \_\_\_ Ages 0-1    \_\_\_ Ages 2-3  
\_\_\_ 1st service (**arrive at 8:45**)    \_\_\_ 2nd service (**arrive at 10:45**)    \_\_\_ Sunday School hour  
**(arrive at 10)**  
\_\_\_ Wednesday nights (**5:30-8pm**)    \_\_\_ As needed (**funerals, weddings, special church events, etc.**)

How often are you interested and available to serve in the nursery?

- \_\_\_ 2x/month    \_\_\_ 1x/month    \_\_\_ 1x/2 months    \_\_\_ whatever is needed

**Briefly describe any volunteer or work experience that relates to these areas:**

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**Education or training courses and previous experiences with dates which relate to these areas:**

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**Why do you want to work in this area? What is your heart/passion for serving here?**

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**What age group do you prefer to work with?**

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What gender?  Male  Female  Coed

**What area of service is difficult for you?**

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**Could you lead a child/youth to Christ? Have you ever? If not, what help(s) do you need?**

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**YOUR REFERENCES:**

Please give the name of a person in our church who knows you well as a reference:

\_\_\_\_\_ Email Reference #1: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Nature/Length of Association: \_\_\_\_\_

Please give the name of one other individual who knows you well who can also serve as a reference.

\_\_\_\_\_ Email Reference #2: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Nature/Length of Association: \_\_\_\_\_

(Continue on reverse side)

As part of our commitment to excellently care for the children God has entrusted to our care, **we will complete a background check on all potential volunteers.**

What should we expect to find on this background check?

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If the answer is **“yes” to any of the following questions**, please attach a separate sheet of paper with further explanation.

Have you ever been convicted of a crime (felony or misdemeanor)?

No  Yes

Have you ever been known by another name?

No  Yes

Have you ever been charged with a sexual offense, offense relating to children, or crime or violence?

No  Yes

Have you ever been reported to any organization or registry for abuse or misconduct involving children?

No  Yes

Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?

No  Yes

Have you ever been disciplined or dismissed from any volunteer or employment position for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression or other inappropriate behavior or conduct?

No  Yes

Do you have any contagious disease, health issue or history of emotional illness that would currently place children, other workers, or yourself at risk?

No  Yes

Have you ever been reprimanded, asked to leave, or had your membership terminated from a church?

No  Yes

Have you ever sought out or intentionally viewed child pornography?

No  Yes

Is there anything else from your past that we should know about?

\_\_\_\_\_

\_\_\_\_\_

**YOUR STATEMENT OF RELEASE:**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to release any information they may have regarding my character and fitness to work with children or youth. I release all such references from liability for any damage that may result from furnishing such evaluations.

Local and federal police service agencies provide a criminal records check for nonprofit organizations. Use of this service helps to insure a safer environment for those to whom we minister, as well as protection for volunteers and compensated staff members, should a false allegation occur. Because legal counsel for the Mennonite Brethren conference recommends that occasional use of such services can be important, I consent to this Mennonite Brethren Church conducting a criminal records check and/or a motor vehicle records check.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

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

Please print witness name: \_\_\_\_\_

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my application for employment or to serve as a volunteer with Organization Name (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**Acknowledgement and Authorization**

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

Residents of Minnesota and Oklahoma only:



Protect My Ministry, Inc.  
14499 Dale Mabry Hwy, Ste 201 South  
Tampa, FL 33618  
Phone: 800-319-5581 Fax: 800-319-5582  
[www.protectmyministry.com](http://www.protectmyministry.com)