

SPIRITUAL INFORMATION:

How long have you attending G-Church? _____ Are you a member? Yes No

List all churches attended in previous 5 years: (list on back if extra space needed)

Church Name: _____ Pastor: _____

Address: _____ Dates attended: _____
& Street City State Zip

Church Name: _____ Pastor: _____

Address: _____ Dates attended: _____
& Street City State Zip

List leadership/volunteer experience with children/youth, including special training: (list on back if extra space needed)

What area of KidsWorld do you want to work in? (Circle all that interest you)

Classroom Help: Nursery (Birth-3y) GKidz (3y-K) Gforce (1st-4th) iGnite (5th-7th)
Support Teams: Snacks Check-in Crew Member

Please list any special skills or talents that you feel would benefit KidsWorld:

Please read the following paragraph carefully:

“I believe in the virgin birth and deity of Jesus Christ, that He is the Son of God, and the only acceptable sacrifice for sin, that Jesus physically rose from the grave, that we must be born again to receive eternal life in a literal Heaven, that the Bible is the infallible Word of God, that God still does miracles today, including divine healing which is available for all believers. I desire to faithfully tithe to Generations Church, and agree to support the vision of my Pastors and Generations Church.”

Please indicate whether or not you agree with this statement: Yes No

If no, please explain: _____

As caretakers of children, Generations Church has a responsibility to provide a safe and secure environment for all children who participate in our programs and use our facilities. To fulfill this responsibility, the following information is required and necessary, but in no way is meant to offend or embarrass anyone. This portion of the questionnaire will be kept in a highly confidential file. If you prefer, the following section may be discussed in confidence with KidsWorld Director Melissa Hale and filled out at that time.

NOTE: Answering “yes” to any of these questions will not automatically disqualify you.

1. Do you have any physical limitations (i.e., vision, hearing, speech)? Yes No
2. Do you currently have, or have you ever been diagnosed with an infectious disease such as Hepatitis, HIV, or Tuberculosis? Yes No Date: _____
3. Have you ever been arrested? Yes No
4. Have you ever been the victim of physical or child abuse of any kind? Yes No
5. Have you ever been accused of or involved with any of the following: child abuse, spousal abuse, pedophilia, molestation, alternant sexual behavior (homosexuality, etc.) Yes No
6. Have you ever been involved with a cult, or participated in occult activity? Yes No
(witchcraft, Satanism, psychics, etc.)
7. Have you ever been arrested or convicted for the use or sale of drugs? Yes No
8. Have you ever been convicted of a felony, misdemeanor or crime? Yes No
9. Have you ever been treated for alcohol or substance abuse? Yes No
10. Have you ever been accused, arrested, or convicted of any sexually related crime? Yes No
11. Have you ever been involved in a lawsuit? Yes No
12. Are there any circumstances involving your life-style or background that would call into question your ability or qualification to work with minor children? Yes No

Applicant’s Statement and Release of Liability:

By signing my name below, I am declaring that information contained on this form is correct and complete to the best of my knowledge and that any misrepresentation or omission on this form will be grounds for discharge from service as soon as it is discovered. I authorize all references, churches, or organizations listed on this application to provide any information (including opinions) that they may have regarding my character and fitness to work with children and youth. Should my application be accepted, I agree to follow all policies of this church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that a Criminal Records Check will be conducted on me as part of the application process and any information which pertains to any record of conviction(s) or any criminal file maintained on me, whether federal, state or local, may be released to the church and kept in a confidential file. I release any agency, church, or individual(s) receiving the results of the check from any and all liability resulting from such disclosure. I understand that any personal information contained in this application, or received as a result of the Criminal Records Check, will be held as confidential by the professional church staff. I hereby authorize Generations Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer now, and if applicable, during the tenure of my volunteering with Generations Church. I release Generations Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The name listed is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Your Signature

Today’s Date