

Grace Crossing Church Youth & Children's Ministry

Application for Volunteers & Employees

GENERAL INFORMATION (WILL BE USED FOR A BACKGROUND CHECK)

Full Legal Name: _____

If your records may be under another name, please include: _____

Address: _____

Number
Street
City
State
Zip

How long have you lived there? _____ (If less than 1 year, list previous address below)

Date of Birth: ____/____/____ Social Security Number: ____-____-____

INFORMATION FOR PLANNING CENTER

“Planning Center” is an online scheduling program that GCC uses to schedule and send notices to our volunteers. Please include up to date information that you use as your primary contact.

Cell #: () _____ Cell Carrier: _____ Other #: () _____ **H/W**

Do you allow Planning Center to text you notices when you are scheduled to serve? **Yes No**

Primary Email: _____

LEGAL HISTORY & SAFETY

Have you at any time:

- | | | |
|--|------------|-----------|
| Been arrested for any reason? | Yes | No |
| Been convicted of, or pleaded no contest, to any crime? | Yes | No |
| Engaged in or been accused of child molestation, exploitation, or abuse? | Yes | No |

Are you aware of:

- | | | |
|--|------------|-----------|
| Any traits or tendencies that could pose any threat to children, youth, or others? | Yes | No |
| Any reason why you should not work with children, youth, or others? | Yes | No |

If the answer to any of the previous questions is “yes,” please explain in detail.

SKILLS & EXPERIENCE

What children/youth experience do you have? (Please list below. Continue on back if needed.)

ORGANIZATION	PROGRAM	DATES	CONTACT PERSON/NUMBER

What skills would you bring to our children/youth ministries?

CHURCH INVOLVEMENT

Which church or churches have you attended in the past five years?

CHURCH NAME	PASTOR'S NAME	YEARS ATTENDED

REFERENCES (OTHER THAN RELATIVES)

Reference 1 Full Name: _____
Relationship: _____ Phone #: () _____
Address: _____
 Number Street City State Zip

Reference 2 Full Name: _____
Relationship: _____ Phone #: () _____
Address: _____
 Number Street City State Zip

Reference 3 Full Name: _____
Relationship: _____ Phone #: () _____
Address: _____
 Number Street City State Zip

GCC MINISTRIES

In which Grace Crossing Church children/youth program(s) are you seeking to become involved?

- | | | | |
|---|------------------|-----------------------|------------------------|
| Infants | Preschool | Elementary | 5 & 6 Grade |
| Kid's Greeting Team (Pre/Post Service) | | Jr. High (Wed) | Sr. High (Wed) |

If joining the children's ministry team, what is your preferred time on Sunday to serve?
1st service (9:30a) **2nd service (11:15a)**

How often are you planning to serve each month? *(If serving in multiple ministries please specify how many times for each ministry. Jr. & Sr. High volunteers are expected to serve weekly.)*

- | | | | |
|--------------|--------------|--------------|-------------------------|
| 1x/mo | 2x/mo | 3x/mo | Weekly (4-5x/mo) |
|--------------|--------------|--------------|-------------------------|

What is your preferred T-shirt size?

- | | | | | |
|--------------|---------------|--------------|-----------|-----------|
| Small | Medium | Large | XL | 2X |
|--------------|---------------|--------------|-----------|-----------|

APPLICATION VERIFICATION RELEASE

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct to the best of my knowledge.

I have carefully read the policies and procedures associated with the children and/or youth program(s) of Grace Crossing Assembly of God and I agree to fully abide by them in order to protect the safety and well-being of its children and youth at all times.

I authorize Grace Crossing Assembly of God to contact any person or entity listed in this application, and I release from all liability any such person or entity that supplies Grace Crossing Assembly of God with information, opinions, and impressions relating to my background or qualifications

By submitting this application, I voluntarily agree to allow Grace Crossing Assembly of God to conduct a complete background investigation, including identity verification and criminal records, if Grace Crossing Assembly of God warrants such an investigation, for its volunteer/employment position(s). I fully release Grace Crossing Assembly of God, its directors, officers, staff, and any such person or entity entrusted with reviewing the contents of this application and all the supporting documentation, from all liability involving the communication of information relating to my background or qualifications.

Signature: _____ **Date:** _____

Printed name: _____