

Date _____



Application to Work with Minors

APPLICATION and a COPY of your DRIVER'S LICENSE may be emailed to: edicola@trinityepc.org

or mailed to: Trinity Church
Attn: Evelyn DiCola
10101 W. Ann Arbor Road
Plymouth, MI 48170

Name _____ Home phone () _____
(First) (Middle) (Last)

Address _____ City and State _____ Zip code _____ County _____

Occupation _____ Cell Phone _____

E-mail address _____ Name of spouse (If applicable) _____

Date of Birth (MINOR only) ____/____/____

Names of Parents or Legal Guardian (MINOR only) _____

Please list the names/ages/and relationships of ALL OTHERS living in your home:

Are you a member of Trinity Church? Yes No Do you attend Trinity regularly? Yes No

If yes to above, **what services/classes do you attend?**

Are you an active member of another church? If so, please provide information on that church:

Name of Church _____ City and State _____

Name of pastor, elder, church leader whom we may contact as a reference: _____ Phone: _____

What areas of ministry would you care to work with? ABC's in the D Children's Min. Outreach Youth

MOPS Shepherds Nursery/Childcare VBS Missions Other _____

Please list any previous training/experience working with children or youth (include locations, dates, etc.).

Please briefly state your relationship to the Lord.

Have you ever been convicted of or have a case pending on any type of abuse, child pornography, child abuse, or actual or attempted molestation? Yes No

Personal References: (NO relatives or Trinity staff members) References will be asked to fill out a confidential questionnaire about their knowledge of you.

Name: _____	Name: _____
Address: _____	Address: _____
Phone: () _____	Phone () _____
Email Address _____	Email Address _____

FAITH ISSUES:

Yes No I believe there is only one God existing in three persons, Father, Son, and Holy Spirit.

Yes No I believe Jesus Christ died on the cross to pay for my sins. He is my Lord and Savior.

Yes No I believe the Bible is the inspired Word of God and is the supreme and final authority of all matters over which it speaks.

Yes No I believe salvation is a gift of God's free grace and does not come through works.

Yes No I believe my purpose in life is to glorify God in all things, as a moral person, living a life of love towards others and service to Him.

Yes No I believe eternal salvation is granted when I accept Jesus Christ as my personal savior, repent of my sins and turn away from them, and live my life for Him.

PERSONAL ISSUES:

True False I have never conducted myself inappropriately whether sexually or physically with a minor.

True False I am not currently taking any medications that would affect my ability to make wise decisions or to conduct myself appropriately and without concern for others. If such medications would be necessary in the future, I will notify my church pastor.

APPLICANT'S STATEMENT:

I certify that the information I have provided in this application is correct to the best of my knowledge. I also agree to notify the Senior Pastor or staff person I report to if changes have occurred that require an update to the information contained on this application form. I understand that this application will be kept strictly confidential by the appropriate director in a secure location.

I authorize references from churches and individuals listed in this application to give to Trinity Church any information including opinions they may have regarding my character and fitness for children's/youth work.

I authorize that Criminal Records Checks be conducted on me and that any information which pertains to any record of convictions contained in police files or criminal file maintained on me be released to the church.

If I witness any inappropriate behavior with minors by any Trinity staff member or volunteer personnel, I agree to report it to an appropriate Pastor, Trinity Church staff member, or the leader of the current event in progress.

Applicant's Signature of Agreement _____ Date _____

Signature of Parent or Legal Guardian (if applicant is under 18 years of age) _____

Date _____

For those 18 years of age or older:

In order for us to request a Criminal Records Check, please provide the following:

Social Security Number _____ Date of Birth _____ / _____ / _____
Month Day Year

Driver's License Number (if applicable) _____ Exp. Date _____

State Issued _____ Please list other states you've lived in: _____

Place of Birth (City, State, County, Country) _____

Maiden name or any other names by which you have been known (if applicable)

To allow that a Criminal Records Check be properly made, a copy of your Driver's License is required.

I have attached a copy of my driver's license Yes No