

Connecting the pieces,
for a SAFE place!

**Children/Youth Volunteers
Staff Screening and Application**

Tell us a Little About Yourself

(Use back of this form for additional notes)

Church affiliation: Member Regular attendee

Do you regularly attend our weekend services? Yes No If yes, which ones?

Are you part of a small group? Yes No If yes, list small group leaders name

Are you a Christian Seeker? Tell us a little about your spiritual journey to date.

If you are currently serving in another church ministry, in which ministries do you serve and do you feel you are using the most of your gifts or talents there? Why?

What fears, if any, do you have about becoming involved in children or student ministries?

Explain any experience working with children or youth in church or elsewhere.

What special qualities, talents, gifts or qualifications would you contribute as a volunteer staff member?

Tell us why you would like to work with children or youth at our church.

Is there anything in your past or current lifestyle that might be a problem if we found out about it later?

Circle one: Yes - No - Please contact me.

Medical Information

Are you currently taking any medication prescribed by a doctor for physical or other conditions that may affect your ministry or a condition that we should know about for your safety? Yes No If yes, explain.

Personal References

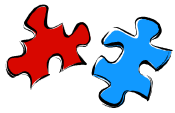
List 2-3 people you know well, who are not related to you and have a definite knowledge of your personal character.

- 1. _____

Name	Phone	Nature of Relationship
------	-------	------------------------

- 2. _____

Name	Phone	Nature of Relationship
------	-------	------------------------



Connecting the pieces,
for a SAFE place!

**Children/Youth Volunteers
Staff Screening and Application**

Statement / Waiver / Release

***I have read the Children/Youth Policies, Procedures and Code of Conduct. YES - NO
(Teachers, youth & key ministry volunteers need to read and initial.) _____ Initial***

As a volunteer at AC3, I represent AC3 and it's goals and mission. Therefore what I do matters to God and matters to others. For that reason, I will attempt to live my life by Biblical standards to the best of my ability.
(AC3 Minimum Standards)

I, the undersigned, give my authorization to Allen Creek Community Church representatives—hereafter referred to as The Church—to verify the information on these forms. The Church may contact my references and request background reports in order to verify my suitability as a children or youth worker. I hereby request and submit to The Church background checks on myself from the (state) Department of Social Services and any other local, state or national agencies deemed necessary.

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 give you any information (including opinions) that they may have regarding my character and fitness for student ministry. In consideration of the receipt and evaluation of this application by The Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws, statement of faith and policies of The Church, and to refrain from conduct that is unbecoming to The Church and it's mission. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND APPLICATION AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

Signature Date

Witness Date

Print name (Include middle name)

Print maiden name if applicable

Print all aliases

Print date of birth Print place of birth

Office Only – Record sent to and verified by: _____ Date _____

Please attach a copy of your Washington State Driver's License.
(Copy can be made free at Allen Creek Community Church)