

Children's Worker Application



Meeting CHILDREN where they are and moving
them to become fully devoted followers of
Jesus Christ.

East Side Grace Brethren Church
Children's Worker
Application & Profile Sheet

This application sheet is to be completed by all those who desire to be involved with the Children's Ministry. It helps create a safe and secure environment for the children and families here at East Side.

Full Name: _____ Pref. Name: _____

Address: _____

Male/Female: ___ Age: ___ Birthday: _____ Home Ph.#: _____ T-Shirt size: _____

E-mail address: _____ Marital Status: _____

Occupation: _____ Location: _____ How long? _____

Education:

HS: _____ College: _____ Grad. _____

Why do you want to serve in the Children's Ministry?-

Briefly describe any previous ministry with children

Are you currently involved in another ministry here at East Side? If so where/ how?

Are you interested in being part of the Children's Ministry Leadership Team? _____
(They function similar to Youth Workers. Meet monthly and have more responsibilities)

How long have you attended East Side and are you a member of the church? _____

Have you accepted Jesus Christ as Lord and Savior of your life? _____

Personal History

Please understand that we ask about this information because we seek to provide safe, effective and positive ministry for our children. These questions are here to protect the children and you as a volunteer within our church.

Have you ever been convicted of a crime?_____

Have you ever been abused? (Physically, emotionally) _____

Do you have any traffic violations that are unpaid or outstanding?_____

Have you ever taken drugs?_____

Is there anything about your life and past that would be helpful to us placing you in the proper place in our ministry?_____

*Background checks are part of ensuring quality ministry standards and we require that all volunteers go through the process. You have the right of refusal, but it will negate your application.

Will you allow us to do a background check on you?_____

Spiritual Background

Did you grow up going to church? (Please describe briefly your spiritual upbringing)

Please tell us how you came to know the Lord

What are some areas that you struggle with or need to work on?

As a volunteer, how can we help you grow in your relationship with Jesus?

Are you able to articulate the gospel to a child? _____

Please give an example of how you would do that?

Feedback

If you have any questions or comments. Please list them here. You will be contacted by phone, e-mail, or personal contact to update you on your application. Thank you for your time in completing this form. – Pastor Marty “Moose” Ertel, Children’s Pastor

Church: 614.861.5810 My Cell: 614.561.9879 Email: mistermooseman72@gmail.com

Website: www.esgbc.org

EAST SIDE GRACE BRETHERN CHILDREN'S MINISTRY
Volunteer Authorization For Release of Background Information

In connection with my application for volunteer service with **EAST SIDE GRACE BRETHERN CHILDREN'S MINISTRY**, I authorize **EAST SIDE GRACE BRETHERN CHILDREN'S MINISTRY** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **EAST SIDE GRACE BRETHERN CHILDREN'S MINISTRY** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize without any reservation, any person, agency, or other entity contacted by EAST SIDE GRACE BRETHERN CHILDREN'S MINISTRY or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **EAST SIDE GRACE BRETHERN CHILDREN'S MINISTRY**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 422587 **PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: if your address is a rural route, or post office box, we must have City & County mail was delivered

Current Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

SIGNATURE _____ DATE _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

Thank you for applying to help at EAST SIDE GRACE BRETHERN CHILDREN'S MINISTRY