

Grace Evangelical Free Church, 755 73rd Ave NE, Fridley, MN
763-784-7199-phone * 763-784-1931-fax

CHILDREN'S WORKER APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone Numbers _____

Please indicate the age groups and the ministry areas you prefer at this time.

- | | |
|---|--|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> infant |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> toddler |
| <input type="checkbox"/> AWANA | <input type="checkbox"/> preschool |
| <input type="checkbox"/> Children's Church | <input type="checkbox"/> kindergarten |
| <input type="checkbox"/> VBS/Day Camp | <input type="checkbox"/> younger elementary |
| <input type="checkbox"/> Backyard Bible Clubs | <input type="checkbox"/> older elementary |
| <input type="checkbox"/> Children's Choir | |
| <input type="checkbox"/> clerical or support work | <input type="checkbox"/> transportation help |
| <input type="checkbox"/> other _____ | |

Are you a member of Grace? _____ If not, how long have you been attending Grace? _____ If you are neither a member nor attending here, with what church or group are you affiliated? _____

What experience or training have you had in working with children? Please include church or organization names, dates, etc. _____

Do you have any special gifts, talents, or education that you would be willing to use in working with children? _____

(over)

NAME: _____ DATE: _____

Please share how you entered a saving relationship with Jesus Christ.

Have you ever been accused or convicted of physical or sexual abuse against children? _____

If yes, please explain the circumstances: _____

Were you ever a victim of abuse or molestation as a child? _____

If yes, have you received counseling? _____

Would you prefer answering these questions with our Pastor rather than on this form? _____

If you are "new" to Grace Evangelical Free Church (do not attend or have not attended regularly for at least 6 months) please provide the following:

Driver's License # _____ State _____

References:

Current or previous pastor

Name _____ Phone _____

Church _____

Address _____

City _____ State _____ Zip _____

Friend or Employer

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

***All information used to screen our applicants will be kept confidential.



Grace Evangelical Free Church
755 73rd Ave NE
Fridley, MN 55432
Phone: 763-784-7199
Fax: 763-784-1931

Background Check Form

NONPROFIT ORGANIZATION

Account #T63-784-7199

Because we want to do everything reasonable to protect our staff and children, we need access to many methods of screening, including a criminal records check. Are you willing to let us do a background check on you? YES _____ NO _____

DATE: _____

The following named individual is volunteering to work with children and/or students.

Full Legal Name of Applicant: _____
(please print) Last First Middle

Maiden, Previous or Alias: _____
Last First Middle

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Sex:** Male or Female
Month / Day / Year

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension and/or ChoicePoint WorkPlace Solutions Inc. to disclose all criminal history record information to Grace Evangelical Free Church for the purpose of volunteering with this church's children and students.

This authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

CHILDREN'S WORKER COMMITMENT

1. ___ I have read the doctrinal statement of Grace Evangelical Free Church and I agree to teach what is in harmony with these beliefs.
2. ___ I have attended this year's Children's Workers' Orientation on matters of child safety and health.
3. ___ With God's help, I will...
 - Lead a Christ-honoring life in accord with the teachings of God's Word, attempting to live by the biblical truths I learn and teach;
 - Pray for the guidance of the Holy Spirit as I prepare for my teaching, leading, assisting, or counseling responsibilities;
 - Pray for the salvation of each unsaved child in my group, seeking to lead them to Christ;
 - Pray for and promote the spiritual growth of those children who are Christians;
 - Be consistent and punctual in attendance;
 - Attend training opportunities as they are made available to sharpen ministry skills and abilities;
 - Be committed to the ministry of Grace Evangelical Free Church by making an effort to attend its regularly scheduled worship services (if you attend a different church, please note that here).
4. ___ In case of illness or other inability to fulfill my commitment, I will find an approved substitute and notify the appropriate leader about the arrangement.

*Please provide any changes since last year in address or phone numbers.

MY PLEDGE:

I express my sincere desire to consider my ministry to children at GEFC as a commitment and will make every attempt to live a godly life and to teach within the guidelines and doctrinal statement of the church.

DATE _____ SIGNATURE _____

Please print your name here _____