

# MINISTRY LEADERSHIP VOLUNTEER APPLICATION

## Children & Youth Ministries



Tapestry: A Church in Progress

**(INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)**

*In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children/youth and to protect our volunteers. Thank you in advance for your understanding.*

### Personal Information

Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Phone Number (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_

Address \_\_\_\_\_ PC \_\_\_\_\_

e-mail address \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widow/widower \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Occupation and/or Employer: \_\_\_\_\_

Hobbies, Interests or Skills: \_\_\_\_\_

### Spiritual History

How long have you attended Tapestry? \_\_\_\_\_ Are you a Partner (member)? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your decision to accept Christ as your Savior?

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Briefly describe your faith journey in recent months/years:

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## Equipping and Training

Have you completed any training, equipping, or courses (etc.) that would help you be particularly effective in this ministry area? If yes, give details

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## Community, Volunteer or Ministry Experience:

Please describe any community, volunteer or ministry experience that would enable you to serve in this ministry area. It may be direct work with children or in related fields that involved leadership, or other skill areas.

1. Name of Organization/Church: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Description of Role/Program/Ministry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Ph. Number \_\_\_\_\_

2. Name of Organization/Church: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Description of Role/Program/Ministry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Ph. Number \_\_\_\_\_

3. Name of Organization/Church: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Description of Role/Program/Ministry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Ph. Number \_\_\_\_\_

## Church Attendance Background

Churches I have attended in the last five years are as follows:

1. Name of Church \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Member or Adherent \_\_\_\_\_

2. Name of Church \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Member or Adherent \_\_\_\_\_

3. Names of other churches within the past five years:

\_\_\_\_\_

## Lifestyle

*In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential. **If you wish, a meeting will be arranged with a Pastor so that you may discuss the circumstances.** Thank you in advance for your understanding.*

**If any of the following circumstances apply to you, please check the appropriate boxes.**

- Have been convicted of a criminal offense involving children. \_\_\_\_\_
- Have been convicted of a sexually related crime. \_\_\_\_\_
- Have been convicted of an abuse related crime. \_\_\_\_\_

Do you have any physical conditions that would prevent you from performing certain types of activities (lifting children, playing sports)? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

## References

Please provide the names of two individuals who could provide a reference for you. If you are a minor, you may use the name of a parent and/or teacher. If possible, include at least one reference from inside the church.

1. Name of Reference \_\_\_\_\_  
Relationship to yourself: \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name of Reference \_\_\_\_\_  
Relationship to yourself: \_\_\_\_\_  
Phone \_\_\_\_\_

## Ministry Profile

In answering the following, please don't be too humble as the purpose of this section is for you to declare your strengths so that your giftings will be put to the use possible.

Please check the areas of interest to you. You may check more than one.

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|---|--|--|
| <input type="checkbox"/> Nursery                              | <input type="checkbox"/> Kid's Choir               | <input type="checkbox"/> Food Preparation          |
| <input type="checkbox"/> Toddlers (ages 3-5) Teacher          | <input type="checkbox"/> Junior High               | <input type="checkbox"/> Crafts                    |
| <input type="checkbox"/> Toddlers (ages 3-5) Assistant        | <input type="checkbox"/> Senior High               | <input type="checkbox"/> Drama/ Puppets            |
| <input type="checkbox"/> Children's S.S. (age 6-8) Teacher    | <input type="checkbox"/> Driver                    | <input type="checkbox"/> Music                     |
| <input type="checkbox"/> Children's S.S. (age 6-8) Assistant  | <input type="checkbox"/> Special Events Supervisor | <input type="checkbox"/> Administration/Curriculum |
| <input type="checkbox"/> Children's S.S. (age 9-12) Teacher   | <input type="checkbox"/> Host Home                 | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Children's S.S. (age 9-12) Assistant |  |  |

## Applicant's Statement

I hereby acknowledge that the information contained in this application for ministry is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's ministry, and I release all such references from liability for any damage that may result from furnishing such evaluation to you. I also grant my permission for Tapestry to perform a personal Criminal Record Check for the purpose of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in extreme confidentiality. I further agree to adhere to the Child Protection Policy as adopted by Tapestry.

\_\_\_\_\_  
(Applicant's Name - Please Print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

## Child Protection Policy Training

- I acknowledge receipt of the Plan to Protect Policy Document and have read it completely.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Training on Policy completed Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ (Pastor or Ministry Leader)