

Sullivan Baptist Church

Children's Ministry Application

This application is to be completed by all those desiring a ministry position involving the supervision or custody of minors. It is used to help the church provide a safe and secure environment for the children who participate at Sullivan Baptist Church.

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

How Long at this address? _____ If less than five years, give previous address and number of years below:

Previous address: _____ Years: _____

☐ Male ☐ Female Birthday: ____/____/____ Home Phone: (____) _____

Cell / Pager: (____) _____ Work Phone: (____) _____ Best time to call: _____

E-Mail Address: _____

Social Security #: _____ Driver's License #: _____ Expires: _____

Marital Status: _____ Spouse's Name: _____ Number of Children: _____ Ages: _____

Emergency contact: _____ Phone Number: _____

Occupation: _____ Place of Employment: _____ Number of Years: _____

Employment history of last five years:

Employer's name: _____

Employer's name: _____

Employer's name: _____

Do you have a personal relationship with Jesus Christ? _____ Briefly describe: _____

How long have you attended Sullivan Baptist Church? _____ Are you in a Bible Fellowship class? _____

List any leadership/volunteer experience you have had with children: _____

List any training or education that has prepared you to work with children: _____

List any other Sullivan Baptist ministries in which you are involved: _____

Age/Grade preference:

- ☐ Infants/Toddlers ☐ 2's ☐ 3's ☐ 4's ☐ Pre K - 5's
- ☐ Kindergarten ☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th/5th Grade

Hour Preference:

- ☐ Sunday 9:00 AM ☐ Sunday 10:15 AM ☐ Sunday PM
- ☐ Wednesday ☐ Special Events

Local Personal References (Must be 18 years old and not related to you)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (staff use): _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (staff use): _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Comments (staff use): _____

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the Children's Director.

Have you had any experiences that might make it difficult for you to minister to children at SBC? _____

Have you ever been convicted for the use or sale of illegal drugs? _____

Have you ever used illegal drugs? _____

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? _____

Have you ever been convicted of a misdemeanor or felony charge? _____

Are you engaged in any conduct that is contrary to the teachings of the Bible? _____

Do you have any health issues that could place the children of SBC at risk? _____

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? _____

We conduct a background check on all applicants. Do you have any objections? _____

If you answered yes to any of the above questions, please explain briefly: _____

Applicant's Statement

I hereby authorize Sullivan Baptist Church to verify all information contained in this application with any references, my past or present employers, or any other appropriate personnel at my present or past employers, churches or other organizations and any individuals to disclose any and all information to SBC. I release all such persons or entities from liability that may result or arise from SBC's collections of all such evaluations or information or its consideration of my application.

Sullivan Baptist Church Leader's Covenant

Having committed to our leadership ministry and the habits essential for spiritual maturity, I will commit to:

- Read and practice the security measures in place at Sullivan Baptist Church.
- Prepare for ministry by growing in my personal relationship with Christ.
- Support the leadership by praying for the Children's Ministry staff, leaders, and children in my class.
- Personal growth and education by participating in Discipleship/Precept classes.

Should my application be accepted, I agree to follow the policies of Sullivan Baptist Church and refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that the personal information will be held confidential by the church staff.

Applicant's Signature: _____ Date: _____

Checklist

(To be completed by staff)

Name: _____ Orientation attended: _____

E-mail to staff: _____ Criminal record clearance: _____

Interview date: _____ By: _____

Reference checks: _____

Work reference: _____ Data base code: _____

Placement: Hour/Age: _____ Position: _____ Start date: _____

Comments: _____

End Date: _____ Reason for Leaving: _____
