

**Application for Workers with Children and Youth  
At Community Covenant Church, Lenexa, Kansas**

Thank you for your interest in working with the children/youth of Community Covenant Church. We are committed to providing quality children's and youth ministries. As part of that commitment, we have adopted a "Reduce the Risk of Abuse" policy. This policy requires all volunteers to complete and return this application before starting their work. The information you provide is for internal use by Community Covenant Church only. We will treat your responses confidentially. Please complete each section below and return this form to \_\_\_\_\_.

Your full legal name including former names: \_\_\_\_\_

Area of ministry you are volunteering for: \_\_\_\_\_

Your birthdate: \_\_\_/\_\_\_/\_\_\_ Your home phone number: \_\_\_\_\_

Please list all of your residences during the past 7 years:

<b>Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>	<b>Dates of Residence</b>
					to present

Please provide your current/most recent employer:

<b>Employer Name</b>	<b>City/State</b>	<b>Contact Person</b>	<b>Phone Number</b>	<b>Dates Of Employment</b>

Please list any churches you have attended in the past 7 years and describe your involvement in each.

<b>Church Name/City/State</b>	<b>Description of Involvement</b>	<b>Dates of Attendance</b>

Please list two references, other than family members, who are familiar with your character as it relates to working with children/youth:

<b>Name</b>	<b>Address</b>	<b>Telephone #</b>	<b>Relationship</b>

Please answer the following questions:

- |  |     |    |
|--|-----|----|
| Have you ever been convicted of a criminal offense?        | Yes | No |
| Do you have any criminal charges pending?                  | Yes | No |
| Have you ever been convicted of child neglect or abuse?    | Yes | No |
| Do you have any charges of child neglect or abuse pending? | Yes | No |

In addition to the above, is there any fact or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or youth? Yes No  
(If yes, explain in detail on a separate page, including dates and locations)

*If you were a victim of abuse or sexual molestation, we strongly suggest that you voluntarily consult with a pastoral staff member of this church to address these issues and how your healing process relates to the appropriateness of serving with children or youth.*

Please list any gifts, training, talents, education, and previous children/youth ministry experience that have prepared you for working with our children or youth.

Please give a brief statement of your coming to faith in Jesus Christ, what He means to you now, and what steps you are taking to grow in your relationship with Him. (use additional paper if desired)

Please place your initials next to the statements which you believe to be true about you.

- \_\_\_\_\_ *I am a Christian, engaged in an active, growing, and vital relationship with Jesus Christ.*
- \_\_\_\_\_ *I have, or am willing to obtain, a working knowledge of the Bible.*
- \_\_\_\_\_ *I am familiar with, and sympathetic to, Covenant beliefs and the direction of Community Covenant Church.*
- \_\_\_\_\_ *I have a sense of call to minister to children or youth.*
- \_\_\_\_\_ *I have a desire and willingness to be sensitive to the spiritual, physical, social, emotional, and mental needs of children or youth.*
- \_\_\_\_\_ *I have a rapport with children and youth and a demonstrated ability to relate to them.*
- \_\_\_\_\_ *I am able and willing to be supervised, and to be accountable to the church body and those in authority.*

In signing this application, (1) you agree to be guided by the policies and regulations of Community Covenant Church, including those regarding working with children and youth; (2) you affirm that the information you have given on this form is true, correct and complete; and (3) you authorize Community Covenant Church to contact persons named in this application or any person or organization that may have any information concerning you and hereby release and agree to hold harmless from liability any person or organization for providing that information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

---

**Church Staff or Appointed Assistant - Please initial and date each area when complete**

	Initial	Date
Criminal Background	_____	_____
References Checked	_____	_____
Membership Application	_____	_____
Reviewed (if applicable)	_____	_____
Interviewed by	_____	_____
Approved by	_____	_____
Ministry Training	_____	_____
Ministry began on	_____	_____