



Appendix 2 - Ministry Personnel Application Form for Youth Working with Children

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our Children and our Volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

Youth under the age of 18 will not be placed alone in a Position of Trust in ministry but will be assigned to work with a minimum of two adult Ministry Personnel.

Personal Information

Full Name _____

Address _____

Postal Code _____ Email _____

Phone Number (H) _____ (C) _____

Name of Parents _____ Phone Number _____

Are your parents supportive of your ministry involvement? Yes No

If no, please explain:

Personal History

Volunteer Experience and Part-time Jobs

Spiritual History

How long have you attended Bible Fellowship Church? _____

Do you regularly attend (2 or more times a month)? Yes No

When did you accept Christ as your Saviour? _____

In a brief paragraph, please describe what your faith means to you.

Ministry Questionnaire

Describe why you would like to be part of our Children’s Ministry Team.



What strengths or assets would you bring to our Children’s Ministry Program?

Please list the area of ministry in which you would like to serve.

References

List three adults that you’ve known for at least one year and who have a definite knowledge of your character and ability to work with Children. You may include one reference from a relative, but must also include references from your youth pastor, employer, or teacher.

1. Name of Reference _____ Phone Number _____

Address _____

Nature of Relationship _____

How long have you known this person? _____

2. Name of Reference _____ Phone Number _____

Address _____

Nature of Relationship _____

How long have you known this person? _____

3. Name of Reference _____ Phone Number _____

Address _____

Nature of Relationship _____

How long have you known this person? _____

Signature of Applicant _____

Printed Name _____ Date _____

Signature of Parent/Guardian _____

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of screening Ministry Personnel and placing them into ministry with Children. The information gathered here will be used for the purposes of supporting the ministries at Bible Fellowship Church.