

CHILDREN'S MINISTRY APPLICATION

Date _____

Name _____ Birthdate _____

Street Address _____ City/State/Zip _____

Phone #s _____ (Home) _____ (Cell) _____ (Work) _____

Email _____

Name of spouse (if applicable) _____

Names and ages of children (if applicable) _____

Occupation _____ Employer _____

Personal References (not relatives; information will not be released to anyone):

1. Name _____ Relationship _____

Address _____ Phone # _____

2. Name _____ Relationship _____

Address _____ Phone # _____

State briefly why you are interested in being involved in Grace Chapel's Children's Ministry:

Is there any reason you should not work with or around children or youth? _____

The information given above is correct to the best of my knowledge, and I realize that I am giving up the right to see reference letters.

Sign Name

Date

REFERENCE FORM

Reference Name _____

Street Address _____ City/State/Zip _____

Phone #s _____ (Home) _____ (Cell) _____ (Work) _____

Email _____

_____ is being considered for a position of leadership of children at Grace Chapel. As someone who will have access to young children and/or youth, we need to take every precaution to determine if there is anything we should know about this individual who we are putting in such a position. They have given your name and permission to contact you and have given up rights to see this.

How long have you known the applicant? _____

In what context have you known the applicant? _____

Have you had any reason to question their moral integrity or is there anything that would cause concern in your mind when you think of the applicant in personal relationships with youth or children? _____

Other Comments: _____

Sign Name

Date

Thank you for your assistance, and please return this form to:

**Grace Chapel Children's Ministry
406 Fourth Ave.
Mason, 45040**