

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 provide a safe and secure environment for the children who participate at Wooster Nazarene. Please fill out this form completely.

**PERSONAL INFORMATION**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to be contacted by:  Call  Text  Email Male  Female Birth date: \_\_\_\_\_ # of Children: \_\_\_\_\_ Single  Married  Divorced  Living Together

Spouses Name (if applicable): \_\_\_\_\_ Anniversary Date (if applicable): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**INVOLVEMENT**Are you a member of Wooster Nazarene?  Yes  No

How long have you attended Wooster Nazarene? \_\_\_\_\_

Are you presently involved in any other ministry?  Yes  No

If yes, in which ministry and in what role? \_\_\_\_\_

**TESTIMONY**

How did you come to know Jesus Christ as your personal Savior?

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How would you describe your practice of personal devotions?

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What do you enjoy doing that would enhance children's/youth ministry?

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**MINISTRY AREA** Please mark the area(s) in which you would be willing to serve. Feel free to rank your preferences.

<b>Lil' Sprouts (Birth-Kindergarten)</b> ___ Newborn-Crawlers ___ Walkers & 1's ___ 2's    ___ 3's    ___ 4's ___ Kindergarten ___ Substitute	<b>NazKIDZ (Elementary)</b> ___ Check In/Out    ___ Pre-Teen Teacher ___ Substitute    ___ Sound/Computer ___ Quiz Teacher    ___ KIDZ Konnect Leader ___ Hang Out Room ___ Greeter at Welcome Center
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<b>Thrive (Teens)</b> ___ Middle School    ___ High School
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I prefer:    1st Service    2nd Service

**CHURCH HISTORY AND PRIOR MINISTRY TO CHILDREN/TEENS**

List all previous churches you have regularly attended during the past five years and any ministry of that church in which you were involved with minors.

Church Name	Address	Ministry	Date

List all previous non-church work involving minors during the last five years.

Organization Name	Address	Type of Work	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIFESTYLE**

Do you have any limitations or conditions preventing you from performing certain types of activities relating to children's ministry?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  Yes  No

**REFERENCES** *Two references are required*

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Nature of association: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Nature of association: \_\_\_\_\_



**OFFICE USE ONLY**

DATE: \_\_\_\_\_

STATUS: \_\_\_\_\_

MINISTRY: \_\_\_\_\_

**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_ (applicant complete name), hereby authorize Wooster Church of the Nazarene and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with Wooster Church of the Nazarene.

I release Wooster Church of the Nazarene and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Full name (printed)

\_\_\_\_\_  
Maiden name or other names used

\_\_\_\_\_  
Present street address

How long?

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Former street address

How long?

\_\_\_\_\_  
City/State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social security #

\_\_\_\_\_  
Driver's license #

\_\_\_\_\_  
State of license

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date