

SUGGESTED APPLICATION FOR CHILDREN'S MINISTRY

VOIP ID: _____ 3

NAME _____

Doc ID: 3.16

ADDRESS _____

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PHONE _____

BUS. _____

FAX _____

AGE _____

MARITAL STATUS _____

PROPOSED AREA OF INVOLVEMENT _____

REASON FOR WISHING TO BE INVOLVED IN CHILDREN'S MINISTRY:

_____PREVIOUS EXPERIENCE IN CHILDREN'S WORK:

GIVE NAMES OF TWO REFEREES WITHIN THE ASSEMBLY, NOT RELATED TO YOURSELF, WHO CAN CONFIRM YOUR MORAL SUITABILITY TO BE INVOLVED IN CHILDREN'S MINISTRY:

1. _____

2. _____

HAVE YOU BEEN BAPTISED IN WATER? YES NOBAPTISED IN THE HOLY SPIRIT? YES NOLIST CURRENT INVOLVEMENTS IN THE ASSEMBLY:

_____HAVE YOU READ THE CHURCH'S POLICY REGARDING CHILDREN'S MINISTRY AND CHILDREN'S WORKERS? YES NOARE YOU WILLING TO ABIDE BY THE POLICIES AND WORK UNDER THE SUPERVISION OF THE CHURCH'S LEADERSHIP? YES NO**DECLARATION**

I _____ declare that I have not been convicted of any criminal offences relating to the physical or sexual abuse of children. I agree that my pastor may make enquiries to confirm police records, and he may contact referees to establish my suitability for involvement in children's ministry.

SIGNATURE _____

DATE _____

PASTOR'S ENDORSEMENTI _____ as pastor of _____
_____ have known _____ for _____ years
and having checked with the referees I am satisfied of his/her suitability to work in the ministry to children.

SIGNATURE _____

DATE _____