

FOR OFFICE USE

INITIAL APPROVAL

References Checked
 Approved
 Not Approved

Ministry Leader's Signature

**APPROVAL PENDING
BACKGROUND CHECK**

Initials _____ Date _____

GATEWAY FELLOWSHIP VOLUNTEER WORKER APPLICATION

Application for volunteer service for ALL persons
who work with Children, Students and/or Developmentally Disabled Persons

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. It is being used help provide a safe and secure environment for those children and students who participate in our programs and use our facilities.

UNDER AGE 18 APPLICATION

Ministry applying for: Children (Birth - 6th Grade) Students (6th - 12th Grade)

Specify Department _____
(i.e. Children's Ministries, Student Ministries, Women's Ministries, Missionettes, Rangers, Moms & More)

PERSONAL

Date of Application _____ Date of Birth _____

Applicant's LEGAL Name _____
LAST FIRST MIDDLE

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

If student, grade in school _____

Have you ever been accused of, participated in, or been convicted of child sexual abuse? Yes No

If yes, please explain: _____

This position requires care of children, including lifting children, running, sitting on floors, kneeling, squatting, walking and dealing with loud and unexpected noises. Do you have any condition that would interfere with your ability to perform these actions?
 Yes No

PREVIOUS 3-YEAR EMPLOYMENT OR VOLUNTEER SERVICE HISTORY

| | |
|---|---|
| Church/Organization _____ City _____ State _____ Specify Position _____ Ministry/Employment Contact Person _____ Phone _____ Number of months/years served _____ | Church/Organization _____ City _____ State _____ Specify Position _____ Ministry/Employment Contact Person _____ Phone _____ Number of months/years served _____ |
|---|---|

CHURCH ACTIVITY

Name of Home Church _____ How long you have attended _____

Church Contact (Name & Number) _____

Are you a Christian? Yes No When saved? _____

WE BELIEVE — STATEMENT OF FAITH

1. In the divine inspiration of the Bible, our all-sufficient rule of faith and conduct. *2 Timothy 3:15-16*
2. In one God, Creator of all things, eternally existent in three persons – Father, Son, and Holy Ghost. *Deuteronomy 6:4; Mark 12:29*
3. In the prophetic and virgin birth of Christ, His vicarious death, bodily resurrection, and ascension. *Isaiah 7:14; Romans 8:34; Acts 1:9-10*
4. In the necessity of rebirth of man and in his consequent salvation from spiritual death and hell, through acceptance of Jesus Christ as Savior. *John 3:1-7, 16-18; 1 John 5:11-12*
5. In the observable evidence of regeneration, the inward evidence being the direct witness of the Holy Spirit, and the outward evidence being a life of holiness and love of God and man. *Romans 8:16; 1 Peter 1:15-16; Matthew 22:36-40*
6. In baptism by immersion, symbolical of our death, burial, and resurrection with Christ, through Whom we walk in newness of life. *Matthew 28:19; Acts 2:38*
7. In regular participation of Holy Communion, in remembrance of Him Who is our gospel. *1 Corinthians 11:23-30*
8. In the Baptism with the Holy Ghost, signified by the initial evidence of speaking in other languages, an experience distinct from and subsequent to the new birth. *Acts 2:4, 19:2*
9. In the privilege of divine healing of body, mind, and spirit through faith in God. *Isaiah 53:4*
10. In the second coming to earth of Jesus the Lord, who will receive the Church as His chosen bride and will institute new heavens and new earth. *Acts 1:11; 2 Peter 3:9-13; Revelation 21:1-5*

Do you agree NOT to teach beliefs contrary to our statement of faith? Yes No

List name, address, and phone number of a previous church you attended regularly:

Church Name _____ Years attended _____

Address _____ Phone _____

City _____ State _____ Zip _____

Type of ministry involvement with children or students _____

Name of Pastor or supervising coordinator you worked with _____

Other ministry in same location _____

Have you ever been asked to leave a church for any reason? Yes No

List any additional previous ministry involvement with children/students (identify church and type of ministry). _____

List any gifts, callings, training, education, or other factors that have prepared you for children/students. _____

State why you desire involvement in ministry with children/students _____

PERSONAL REFERENCES

You will need the following TWO REFERENCE QUESTIONNAIRES completed and turned in for you.

- Parent/Guardian Reference (to be completed by your parent or guardian)
- Adult Reference (someone you have done childcare for: teacher, mentor, family friend, etc.)

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for work with children and students, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of Gateway Fellowship, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that each position serves "at will" of the employer, and that I may be dismissed without cause.

Applicant's Signature _____ Date _____

Parent/Guardian Signature (if applicant is 17 or younger) _____

Note: All information provided by this application or obtained through references will be held in strict confidence and used only in consideration of your application.

PARENT/GUARDIAN REFERENCE TO BE COMPLETED BY YOUR PARENT/GUARDIAN

CONFIDENTIAL REFERENCE QUESTIONNAIRE FOR WORK WITH MINORS

Name of Applicant _____

Ministry Applying for: Children (Birth to 6th Grade) Students (6th - 12th Grade)

Specify Department _____
(i.e. Children's Ministries, Student Ministries, Women's Ministries, Missionettes, Rangers, Moms & More)

INSTRUCTIONS

The applicant shown above has applied for a volunteer position in our church. In order to determine the applicant's suitability for this position, we ask that you take a few moments to complete and return this reference form to the church. The term "minor" refers to any person who has not yet reached 18 years of age. Please remember to sign and date this form. Thank you for your assistance.

1. Are you the applicant's Mother Father Guardian? _____
2. If Guardian, for how long? _____
3. Has the applicant worked with minors before?
 Yes. If yes, how long? _____
 No
4. Have you personally observed the applicant working with minors?
 Yes. If yes, what observations can you provide regarding this person's abilities to work with minors? _____

 No
5. Has the applicant ever been charged with, convicted of, or pleaded guilty to the abuse or molestation of a minor?
 Yes. If yes, please explain _____
 No
6. Do you know of any reason why the applicant should not be allowed to work with minors?
 Yes. If yes, please explain _____
 No
7. Would you recommend the applicant be allowed to work with minors?
 Yes.
 No. If no, please explain _____
8. Are you aware of any facts demonstrating that the applicant's volunteer service should be restricted?
 Yes. If yes, please explain _____
 No

continued on other side

9. Please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please leave it blank.

| CHARACTERISTIC | RATING | | | | | COMMENTS |
|----------------------------------|--------|---|---|-----------|---|----------|
| | Poor | | | Excellent | | |
| Works well with others | 1 | 2 | 3 | 4 | 5 | |
| Personal motivation & initiative | 1 | 2 | 3 | 4 | 5 | |
| Dependability | 1 | 2 | 3 | 4 | 5 | |
| Trustworthiness | 1 | 2 | 3 | 4 | 5 | |
| Attitude | 1 | 2 | 3 | 4 | 5 | |
| Religious commitment | 1 | 2 | 3 | 4 | 5 | |

10. Based on your knowledge of the applicant's character and background, which of the following best reflects your evaluation of the applicant's suitability for a position in our church?

- Highly recommend
- Recommend
- Neutral
- Do not recommend
- Insufficient knowledge to form an opinion

11. Please provide any additional comments concerning the suitability of this applicant for a position in our church below or on a separate sheet. _____

12. Please provide the name, address, and phone of anyone else we should contact as a reference for this applicant's suitability. _____

Signature of person completing this questionnaire _____

Printed Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip _____

ADULT REFERENCE

TO BE COMPLETED BY A TEACHER, MENTOR OR SOMEONE YOU HAVE DONE CHILDCARE FOR

CONFIDENTIAL REFERENCE QUESTIONNAIRE FOR WORK WITH MINORS

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Specify Department _____
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1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. To your knowledge, has the applicant worked with minors before?
 Yes. If yes, how long? _____
 No
4. Have you personally observed the applicant working with minors?
 Yes. If yes, what observations can you provide regarding this person's abilities to work with minors? _____

 No
5. Has the applicant ever been charged with, convicted of, or pleaded guilty to the abuse or molestation of a minor?
 Yes. If yes, please explain _____
 No
6. Do you know of any reason why the applicant should not be allowed to work with minors?
 Yes. If yes, please explain _____
 No
7. Would you recommend the applicant be allowed to work with minors?
 Yes.
 No. If no, please explain _____
8. Are you aware of any facts demonstrating that the applicant's volunteer service should be restricted?
 Yes. If yes, please explain _____
 No

continued on other side

9. Please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please leave it blank.

| CHARACTERISTIC | RATING | | | | | COMMENTS |
|----------------------------------|--------|---|---|-----------|---|----------|
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| Works well with others | 1 | 2 | 3 | 4 | 5 | |
| Personal motivation & initiative | 1 | 2 | 3 | 4 | 5 | |
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| Attitude | 1 | 2 | 3 | 4 | 5 | |
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Signature of person completing this questionnaire _____

Printed Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip _____