



Children's Ministry

U-TURN YOUTH MINISTRY WORKER APPLICATION FORM

please circle one or both

Teen Ministry



Thanks for your interest in serving in the U-Turn Youth Ministry. Please print clearly and return this form to the youth ministry table in the lobby or the member's relation desk on the east or west side of the lobby.

This application is to be completed in full by all workers for any position involving the supervision, teaching, or custody of minors. Information will be treated as confidential and is needed to help us provide a safe environment for children and youth who participate in our programs and use our facilities.

Name _____
Last First MI

Address _____
Street City Zip

Home Phone: _____ Mobile: _____

E-mail: _____

Best time to be contacted: _____

Marital Status: _____ Spouse's Name: _____

Emergency Contact: _____ Phone: (_____) _____

Do you have any medical training or are you CPR certified? _____

Position(s) applying for:

- Teacher
- Assistant Teacher
- Administrative Team – check-in/out, various administrative duties, etc.
- Turning Point teacher/volunteer (Wednesday nights)

What skills, training, spiritual gifts, or talents do you have which might be useful in this position?

Occupation: _____

I am willing to commit to _____ week(s) per month:

- 1st Sunday
- 2nd Sunday
- 3rd Sunday
- 4th Sunday
- Wednesday night

(1st Wed. _____ 2nd Wed. _____ 3rd Wed. _____ 4th Wed. _____)



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Are you willing to occasionally serve in the ministry in the case that one of your team members is sick or unable to work a particular Sunday/Wednesday? _____ Yes _____ No

Spiritual and Personal Background

Have you accepted Jesus Christ as your Lord and Savior? _____ Yes _____ No

Are you a member of The Faith Center? _____ Yes _____ No

How long have you been attending The Faith Center? _____ years _____ months

Church position(s) held in the past: _____

Do you have any allergies/medical conditions we should know about? _____ Yes _____ No

If yes, please explain: _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities? _____ Yes _____ No

If yes, please explain: _____

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain: _____

Have you ever been accused, arrested, or convicted of child abuse, neglect, or a crime involving attempted sexual molestation of a minor or other sexually-related crime? _____ Yes _____ No

If yes, please explain: _____

Do you use illegal drugs? _____ Yes _____ No

Have you ever been hospitalized or treated for alcohol or substance abuse? _____ Yes _____ No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? _____ Yes _____ No

If yes, please explain: _____

Have you had any painful experiences in your life that have better equipped you or that may hinder you from a productive ministry with children? _____ Yes _____ No

If so, would you like to talk to a pastor regarding this circumstance? _____ Yes _____ No

I certify that all of the information in this Youth Worker Application is complete, accurate and true.

Signature _____ Date _____

****All youth workers must complete a criminal background check.**



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References

Please provide the names of two individuals (not relatives) who have known you for one year or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. If possible, please include at least one reference from someone in this church. All people listed as references should be informed that you have listed them. References that are acceptable are limited to the following:

- Former or present pastor
- Long-time friend (minimum of 5 years)
- One parent (for minors)
- Teacher (for minors)
- Church member (who has sufficient strength of relationship to comment on the individual's personal habits and character)
- Employer or colleague

1. Name: _____ **Relationship:** _____

Address: _____
Street City State Zip

Home Phone: () _____ **Cell Phone:** () _____

Email: _____

2. Name: _____ **Relationship:** _____

Address: _____
Street City State Zip

Home Phone: () _____ **Cell Phone:** () _____

Email: _____

Thanks again, for your interest in serving in the Youth Department of The Faith Center Ministries. The approval process should take no more than 30 calendar days from the receipt of this application.