



Anthem Church

KIDS MINISTRY APPLICATION

The purpose of this form is to help our church provide a safe and secure environment for all children and youth who participate in our programs and use our facilities.

DATE: _____

NAME: _____
First Last Middle

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

MARITAL STATUS _____

SPOUSE'S NAME _____ EMAIL _____

PLEASE ANSWER THE FOLLOWING QUESTIONS SO WE CAN GET TO KNOW YOU BETTER.

1. How long have you attended Anthem?

2. What makes you want to get involved in Anthem's Children Ministry?

3. List any gifts, training, education, or other factors that have prepared you to work with children.

4. What is the minimum length of commitment you can make?

5. Have you ever participated in, or been accused, convicted or pleaded guilty or no contest to abuse or any sexual misconduct? If yes, please explain

REFERENCES

Please list two personal references (people who are not related to you by blood or marriage) and provide complete contact information for each.

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

RELATIONSHIP TO REFERENCE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

RELATIONSHIP TO REFERENCE: _____



CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes ANTHEM CHURCH and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

PLEASE COMPLETE ALL INFORMATION BELOW - PLEASE PRINT

FULL LEGAL NAME: _____ MALE or FEMALE

CURRENT ADDRESS: _____

OTHER NAMES USED: _____

(Maiden, alias, legal name change, etc.)

DOB: _____ SS#: _____ STATE: _____

PREVIOUS ADDRESSES IN PAST 7 YEARS:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES or NO

If Yes, please explain: _____

I have reviewed and completed this form as applicable to me. I give ANTHEM CHURCH permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

SIGNATURE: _____ DATE: _____