



ANTHEM CHURCH

KIDS MINISTRY APPLICATION CHECKLIST

APPLICANT'S NAME

FOR OFFICE USE ONLY

DATE RECEIVED: _____

- Anthem Kids Application

- Reviewed by: _____

- Date: _____

- NOTES:

- Background Check

- Reviewed by: _____

- Date: _____

- NOTES:



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: _____
Last First Middle

MARITAL STATUS _____ SPOUSE'S NAME _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ 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. Would you be willing to lead and teach a class? Or would you rather assist as a helper?

5. Do you have any gifts or skills that you could see being useful in children's ministry?

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

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

8. Are you connected to a community group? If so, who is your leader?

9. Briefly describe your relationship with God over the past couple years.

REFERENCES

Please list three 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: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____ RELATIONSHIP: _____



CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes ANTHEM CHURCH and Protect My Ministry 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
(Circle One)

CURRENT ADDRESS: _____

OTHER NAMES USED: _____
(Maiden, alias, legal name change, etc.)

DOB: _____ SOC SEC#: _____ STATE: _____

PREVIOUS ADDRESSES IN PAST 7 YEARS:

HAVE YOU EVER PARTICIPATED IN, BEEN ACCUSED OR CONVICTED OF ANY CRIME? YES or NO
(Circle One)

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: _____

FOR INTERNAL USE ONLY:
OFFICE // DATE RECEIVED: _____ DATE RUN: _____