

New Life Church

Ministry TEAM Application & Background Check

Thank you for considering being a part of the TEAM at New Life Church. This application is designed to help the church provide a safe and secure environment for children and youth in our programs here at New Life Church. **PLEASE PRINT** * TEAM stands for **“Together Experiencing A Ministry”**. (Updated 7/10/2025)

Today's Date: ____/____/____ Department Applying to Help With: (check all that apply)

☐ Early Childhood ☐ KidZone ☐ Youth ☐ Security or ☐ Other: _____

Basic Information

Full Legal Name (Last, First, Middle): _____

Maiden, Alias or Former: _____

Birthdate: ____/____/____ State born in _____ ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip _____

Email: _____ How often do you check email? _____

Home Phone: _____ Cell Phone: _____

How long have you lived in Minnesota? _____

Other states you have lived in: _____

Previous out of state address(es) **(include dates and county lived in)** _____

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Widowed

Spouse's name (if applicable): _____

Church History & Ministry-Related Experience

How long have you *regularly* attended New Life Church? _____

List previous church you attended: (Name of church, city, and state): _____

Do you have a personal relationship with Jesus Christ (Romans 10:13) ☐ yes ☐ no

Briefly describe: _____

List any gifts, callings, training, education, or other factors that have prepared you for ministry to children or youth: _____

Special Interests & Talents (check any that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> teaching | <input type="checkbox"/> assistant to leader | <input type="checkbox"/> publication/newsletter |
| <input type="checkbox"/> crafts/sewing/painting | <input type="checkbox"/> creative writing | <input type="checkbox"/> games & recreation |
| <input type="checkbox"/> praise & worship | <input type="checkbox"/> outreach | <input type="checkbox"/> administrative |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> greeter | <input type="checkbox"/> constructions/remodeling |
| <input type="checkbox"/> sound & media | <input type="checkbox"/> drama | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> story telling | <input type="checkbox"/> musical instruments | |

Briefly explain why you would like to help out in _____ (fill out area):

Background Information

These questions are a part of our process to help provide a safe and secure environment for our children and youth. The pastoral staff holds all information confidential. Answering "yes" or "no" to any of these questions does not necessarily include or exclude you from involvement. **All people working in Children or Youth Ministries MUST have a background check done and two personal references listed. If NLC does not have this information, you will be removed immediately from Ministry work.**

1. Have you ever been charged, arrested, or convicted of a felony or misdemeanor? ☐Yes ☐No
2. Do you use prescription drugs? ☐Yes ☐No
3. Have you ever been hospitalized or treated for alcohol or substance abuse? ☐Yes ☐No
4. Have you ever been accused, arrested, or convicted for any sexually related crimes or harassment? ☐Yes ☐No
5. Have you ever been accused, arrested, or convicted of any abuse-related crimes? ☐Yes ☐No
6. Is there anything in your past that might come up as a questionable issue? ☐Yes ☐No
If yes, please explain? _____

If you answered "yes" to any of the above six questions, please explain: _____

Personal References

(References must be 18 or older, no relatives, you must have known them for 1 year or more. Reference information must be complete with name, address, phone number & relationship info).

Name: _____

Name: _____

Address: _____

Address: _____

City, St., Zip: _____

City, St., Zip: _____

Phone: (_____) _____

Phone: (_____) _____

Relationship: _____

Relationship: _____

By signing below, I certify that the information contained in this application is complete, accurate, and not misleading in any way. I authorize New Life Church, and its agents, to contact references provided, as well as any sources not provided, to obtain information regarding my character and fitness involvement in ministry. Should my application be accepted, I agree to submit to the policies and procedures of New Life Church, (including a full background check through MCRO, BCA and others) and to refrain from unscriptural conduct in the performance of my services on behalf of New Life Church. I understand this application must be completed and checked before I can be placed in ministry and that personal information will be held confidential.

****Do you consent to an annual background check, as long as you are involved in ministry at New Life Church?
OYes ONo**

Signature of Applicant: _____ Date: ____/____/____

Signature of Parent if Minor: _____