

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. * **TEAM stands for "Together Experiencing A Ministry"**.

Today's Date: ____/____/____

Department Applying to Help With: (check all that apply)

Early Childhood KidZone Youth Other: _____

Basic Information

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

Maiden, Alias or Former: _____

Birthdate: ____/____/____ 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 (add city & dates) you have 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. Thank you for your understanding. **All persons working in Children's or Youth Ministries MUST have a background check done and 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 for 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 anyway. I authorize New Life Church and its agents to contact references provided, as well as any sources not provided in order 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, 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.

Signature of Applicant: _____ Date: ____/____/____
Signature of Parent if Minor: _____