



Ministry Application

Children, Students, & Disabilities Ministries

Grace Fellowship Church

— Confidential Information —

Name:

DOB:

Mailing Address:

Cell Phone:

Home Phone:

Cell Phone Carrier:

Email Address:

GETTING INVOLVED WITH CHILDREN/STUDENT/DISABILITY MINISTRY

- 1. Application:** All individuals working with children, students and those with disabilities will need to complete and return this application.
- 2. Interview:** Applicant will be contacted by a Ministry staff member for an interview.
- 3. Reference Check:** References provided on the application will be verified and a criminal records check run for all applicants..
- 4. Ministry Commitment Period:** Since the heart of our GFC Children, Student Ministry & Disability Ministries is "RELATIONSHIPS," it is strongly encouraged that your commitment be at least six months to a year.
- 5. Training:** Training will be provided to all new team members.
- 6. Assignment:** New volunteers will be assigned accordingly.
- 7. Team Member:** New volunteers will become an integral part of the Ministry Team, attend on-going training sessions, experience the impact in the lives of children and students, and live out their SHAPE.

Preferred way of contact: Cell Phone Home Phone Email

Please circle those that apply:

Male Female Trained Teacher Member of a Small Group Parent
Single Married Previous experience teaching children/students

If applicable, list children with ages:

How long have you been attending GFC?

Circle the hour you regularly attend GFC worship:

Saturday: 6:00 PM

Sunday: 9:30 AM 11:15 AM

If you attended a church before GFC, what was the name of the church?

List other GFC ministries where you have been involved:

Have attended GFC Spiritual Gift Seminar (SHAPE class)? Yes No

List any previous related experiences with the areas you want to serve (include church, school, work, or informal activity):

PERSONAL REFERENCES (two references required - non relative)

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

How did you come to know Jesus Christ as your Savior? (attach an additional page if needed.)

Are you now, or have you completed a recovery process for substance, alcohol, or drug addition? If Yes, what has been your recovery program?

Yes

No

Have you ever been convicted of child abuse or a crime involving a minor? If Yes, explain. If you prefer, you may write in response to these questions, "I would prefer to privately discuss these questions with a Children, Student or Disabilities Ministry Director."

Yes

No

Circle how often you would like to serve per month:

1 Time 2 Times Every Week Fill In

****1 time per month is Nursery, Fill In help, the Buddy ministry, or Prep Club only**

Circle which hour you would like to serve:

Sunday 9:30 AM

Sunday 11:15 AM

Rank your top 3 areas of preference in the Children, Student or Disability Ministry in which you'd like to serve (1 being your top preference):

Direct Ministry

Support Opportunities

_____ Nursery (birth-24 mo, Waumba Land)

_____ Check In Welcome Team

_____ Preschool (2yrs-PreK, Wonder Lane)

_____ Weekday office help

_____ Elementary (K/1, 2/3rd grade, UpStreet)

_____ Prep Club (prepare curriculum for the weekends)

_____ Preteen (4th & 5th grade, The Loft)

_____ Technology Support

_____ Middle School (6-8th grade, Wildfire)

_____ Special Events for Children

_____ High School/Student (Venture)

_____ Special Events for Middle/High School

_____ Buddy for a Child with a disability

_____ Friends Worship (high school-adults with disabilities)

APPLICANT'S STATEMENT

The information contained in this application is correct. I authorize any references or churches listed to give you any information (including opinions) they may have regarding my character and fitness for ministry with children. I release all such references from any liability for furnishing such evaluations to you provided they do so in good faith and without malice. I waive any right to inspect references provided on my behalf.

Should I join the Children, Student or Disabilities Ministry Team, I agree to be bound by the policies of Grace Fellowship Church, the elders, and to refrain from unscriptural conduct in the performance of my ministry on behalf of the church. I understand that my personal information will be kept completely confidential and that my Social Security Number is used only for a legal background check (every two years) to ensure the safety of the children and students in Children and Student Ministries. I agree to fulfill my commitment, agreed upon at the onset of my ministry term.

Signature _____ Date: _____

Please return to: The Children, Student OR Disabilities Ministry, c/o Grace Fellowship Church
9505 Deereco Road, Timonium, MD 21093
Phone: 410-561-8424 & FAX 443-279-5711