



## Family & Student Ministry Leader Application

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. This is not an employment application form.

Please fill out this form as completely as possible and return to Nadine Taghap or Teresa Evans. You can scan and email it to [ntaghap@adventurenatomas.com](mailto:ntaghap@adventurenatomas.com) Or you can mail it to

Adventure Christian Church  
2701 Del Paso Rd Suite 130 PMB 375  
Sacramento CA 95835

### General Information

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Background Information

Occupation: \_\_\_\_\_

Work Status:    \_\_\_\_ not working    \_\_\_\_ part time    \_\_\_\_ full time

                  \_\_\_\_ unemployed    \_\_\_\_ stay at home parent    \_\_\_\_ retired

Education: High School \_\_\_\_\_ Year Graduated \_\_\_\_\_  
College \_\_\_\_\_ Year Graduated \_\_\_\_\_  
Other \_\_\_\_\_

Do you have any children if so what ages? \_\_\_\_\_

**Ministry Information**

**I want to serve with:** (If you aren't sure circle as many as you want we'll figure out as we go.)

Birth-pre K                      Kindergarten-5<sup>th</sup> grade                      Middle School & High School

Do you regularly attend our worship services?                      **Yes / No**

If yes, when did you start attending? \_\_\_\_\_ (approx. date)

Are you currently serving in another area of Adventure? If so, please list:

\_\_\_\_\_

I have chosen to work with children at Adventure because...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you personally accepted Jesus Christ as your Lord and Savior?                      **Yes / No**  
Have you been baptized?                      **Yes / No**                      Date of baptism: \_\_\_\_\_ / \_\_\_\_\_  
Month                      Year

**References:** List 3 adults you have known for at least 2 years, who are not related to you who have specific knowledge of your character and ability to work with children and who fit the classifications set forth below.

**1. Our Church (or previous church) member or staff person:**

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Employer, coworker, teacher, professor, etc:**

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**3. Social friend or neighbor:**

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Previous Address:**

If you have lived at your current address for less than 5 years, provide the following information for all addresses at which you lived during that period. (*Attach additional paper if necessary*)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates from / to: \_\_\_\_\_

**Present Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job description: \_\_\_\_\_

**Personal Disclosure Information:** *Please circle appropriate response*

Have you ever been treated for a psychiatric disorder? **Yes / No** \_\_\_\_\_

Have you ever been arrested, convicted, or plead guilty to a crime? **Yes / No**  
If yes, explain:

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Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing, or molesting any child? **Yes / No**

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? **Yes / No**

Have you ever been convicted of the possession, use, or sale of drugs within the last 7 years? **Yes / No**

Within the past 30 days have you abused alcohol, legal or illegal drugs? **Yes / No**

Has your driver's license been suspended or revoked within the last 12 months? **Yes / No**

Is there any fact, circumstance, or pattern involving your background that would make it inappropriate for you to serve with minors or would compromise the integrity of the church? **Yes / No**

If so please explain: \_\_\_\_\_

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**Church History and Prior Children’s Work:**

Previous church work involving children (*list church name, city, state, and type of work performed*)\_\_\_\_\_

Previous non-church work involving children (*list each organization name, city, state, and type of work performed*)\_\_\_\_\_

**Applicant’s Statement:**

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give you any information (including opinions) that they have regarding my character and fitness for children’s ministry. I authorize the release of the information contained in this application to any individuals who make decisions about placing applicants in available positions. In consideration of the receipt and evaluation of this application by Our Church, I hereby release Our Church and any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

Applicants Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Parent Signature (if applicant is under 18):\_\_\_\_\_

**Request for Criminal Records Check and Authorization**

*Important: Every applicant, regardless of criminal record must complete this section.*

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print maiden name if applicable: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_