



Whole Life Christian Church
Live Well & Live Blessed

Office Use Only

_____ Approved
_____ Denied
_____ Initials

Children's Ministry Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ E-Mail Address: _____
Cellular Phone: () _____ Are you? Single Married Widowed Divorced

Ministry Information

1) Are you are a member of the church? Yes No If yes, since when: Month _____ Year _____

2) Do you regularly attend services? Yes No If yes, since when: Month _____ Year _____

3) Do you regularly attend a Bible Study or have quiet time with the Lord? Yes No

4) In what area (s) of ministry are you currently involved? _____ How Long? _____

5) What area (s) of ministry would you like to volunteer in? _____

6) Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? Yes No

7) Tell us about your spiritual journey to date:

References

Please list three references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Other Information

1) I have chosen to work with the children because:

2) If there has been alcohol, drug abuse, and physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future?

3) Do you have children of your own? Yes No

Ages _____ Gender _____

4) Have you ever been arrested, convicted or pleaded guilty to a crime? Yes No If yes please explain

5) Have you ever been suspected, accused, charged, or alleged to have, or have you ever committed an act of neglecting, abusing or molesting a child? Yes No If yes please explain:

6) Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children? Yes No If yes please explain:

7) Have you ever been treated for a psychiatric disorder? Yes No If yes please explain:

Request for Criminal Background Check & Authorization

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

Print Name _____ Print Maiden Name _____

Date of Birth _____ Place of Birth _____

Signature _____ Today's Date _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

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

If this application leads to volunteering at WLCC, I understand that false or misleading information in my application may result in my release of serving at WLCC.

Signature: _____ Date: _____