



## Ministry Data

Indicate areas of interest. (What groups or age groups do you desire to work with?)

Nursery  Preschool  Elementary  Junior High  High School

Adult  Other (list) \_\_\_\_\_

Do you know Jesus Christ as your personal Savior and Lord?  Yes  No

Give a brief testimony \_\_\_\_\_

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What areas of ministry have you been involved in previously? Location? \_\_\_\_\_

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If married will your spouse be involved in ministry with you?

Yes (Spouse must fill out a separate application form)

No – Does spouse agree with you volunteering here?  Yes  No

Why do you want to volunteer at SonCoast Community Church? \_\_\_\_\_

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## Consent to Release of Information

Having made application for ministry service at SonCoast Community Church and desiring the church to be informed as to my past record and character, I authorize any persons, references, employers, churches or organizations with whom I have had contact to release to the church any information they may have regarding my record, character, and fitness for work.

I also authorize this church at its discretion, to contact any law enforcement or social service agency to determine whether I have ever been charged or convicted of a crime, and I authorize such agencies to release such information to the church. I release the church, its agents, and all persons, organizations, and agencies from liability for any damage that may result from exchanging such information, and I waive any right that I may have to inspect any such information provided on my behalf.

Full legal name \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Maiden name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_

## Commitment

Should my application for ministry service be accepted, I agree to be bound by this church's Constitution, Bylaws, and policies for ministry service. I also agree to refrain from any unscriptural conduct in the performance of my services on behalf of the church.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent or guardian if applicant is a minor Date

**Please staple a copy of your identification** (*drivers license, passport, etc.*) **here**. If you are a minor, staple a copy of your parent's or guardian's I.D. (A photocopy of this authorization shall have the same effect as the original.)

## Personal References

Instructions to applicant: Please list three references who are not employers or relatives—preferably people who have supervised previous ministry experience.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City Zip

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City Zip

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City Zip

E-Mail Address \_\_\_\_\_

## Confidential Data Survey

The questions listed below are a part of the process in providing a safe and secure environment for the children at SonCoast. All information is held strictly confidential and may be reviewed by SonCoast Staff and Ministry leaders. Answering yes to any of the questions may not necessarily preclude your involvement in ministry service.

*In caring for the church body, we believe it is our responsibility to seek staff that is able to provide healthy, safe and nurturing relationships. Please answer the questions accordingly. Any special concerns can be discussed individually with the ministry staff.*

SonCoast checks references and may conduct criminal background investigations on potential volunteers. Is there anything this process might disclose that you may need to explain? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony) including child abuse, child neglect, or an unlawful sexual offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical or mental conditions that may restrict your leading or participating in activities with children or youth? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had sexual relations with any minor after you became an adult Yes \_\_\_\_\_ No \_\_\_\_\_

Have you deliberately and repeatedly viewed pornography in the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been diagnosed with any communicable or contagious diseases (such as HIV, TB, hepatitis, sexually transmitted diseases, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you using illegal drugs or abusing prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ (Explain, if yes)

Have you ever gone through treatment for alcohol or drug abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please describe.

What is your view on drinking alcohol?

Are you currently or have you ever been treated for any mental illness or addictive behavior?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any painful experiences in your life that have better equipped you or may hinder you from a productive ministry with children/youth? Yes \_\_\_\_\_ No \_\_\_\_\_ Would you like to meet with a pastor regarding this circumstance? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above questions please explain.

Have you ever been a victim of physical or sexual abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes describe the counseling, if any you have received.

Please summarize **1)** your perspective about each of the following four areas and **2)** possible advice you would give a student who comes to you with general questions about each topic:

A. Human Sexuality

1.

2.

B. Same sex marriage

1.

2.

C. Sex outside of marriage

1.

2.

D. Abortion

1.

2.

Briefly describe three critical life events that helped shape the person you are today.

What are your core values? How do they influence your desire to work with children/youth at SonCoast Community Church?

How might these central values add or detract from your ability to work with students?

Is there any other information you would like to share with us at this time? (Use other side)