



Children's Ministry

Adult Volunteer Application

Mount Pleasant Baptist Church
Gainesville, Virginia

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. All information will be confidential and only shared with the pastoral staff. This is not an employment application form. It is being used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities.

General Information:

Name _____ Date _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Preferred method of contact (check all that apply) Phone Call Text Email Facebook

Occupation _____ Full-time Part-time

Place of Employment _____ Years Employed _____

Ministry Information:

Please indicate which Children's Ministry area(s) you desire to serve in (check all that apply):

Children's Ministry

___ Lead Teacher

___ Volunteer

___ Lead Singing

___ Field Trip Chaperone

___ Special Events Volunteer

Vacation Bible School

___ Records Team

___ T-Shirt Coordinator

___ Shopper

___ Celebration Coordinator

___ Decorating Committee

___ Photographer

___ Lead Teacher

___ Slide Show Coordinator

___ Assistant Teacher

___ Crafts Teacher

___ Recreation Teacher

___ Snack Coordinator

Ministry Information (cont):

What spiritual gift do you feel you have and how would you like to use them in this children's ministry? Do you have any special skills that could be helpful to the children's ministry (drama, music, sports, etc.)?

Why do you want to work in the children's ministry? Have you worked in children's ministry before? If so, what was your experience?

References: List 2 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.

Our Church (or previous church) member or staff person:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

Social friend or neighbor:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

Personal Disclosure Information: *Please circle appropriate response*

1. Do you have children of your own? **Yes / No** Ages: _____

2. Are there any special issues (mental or physical) that would have an impact on your commitment and involvement in the children's ministry? **Yes / No** If yes, explain: _____

3. Have you ever been arrested, convicted, or plead guilty to a crime? **Yes / No**

If yes, explain: _____

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? **Y / N**

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: _____

As we grow we will find an increasing need to perform background searches in order to continue to ensure the safety of our children. Will you be willing to sign an authorization giving permission for Mount Pleasant Baptist Church to perform a Criminal Records Check and understand that failing to do so will result in the removal of this ministry? If so please sign below:

I _____ understand at anytime MPBC of Gainesville has a right to request a Criminal Records Check. I also understand that failing to sign the requested authorization will result in my immediate removal from this ministry and possible other ministries affiliated with minors of MPBC of Gainesville.

Signature _____

Policy Statement

The following policies reflect our commitment to provide protective care of all children, youth, volunteers, and staff who participate in church sponsored activities.

1. All adult volunteers and staff shall confess Jesus Christ as their personal Lord and Savior, adhere to the affirmations of faith of MPBC, and be a member in good standing.
2. Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children.
3. Volunteers and staff are to observe the “two volunteer” rule. This requires that volunteers are never in an isolated setting with children without an additional volunteer. Each ministry area will be staffed with a minimum of two adults with additional teen or adult volunteers as needed.
4. Volunteers or staff are to immediately report any behavior which seems abusive or inappropriate or any incident reported by a child or adolescent regardless of personal opinions or suspicions.
5. When an allegation of abuse is brought to the attention of the staff, it will be reported and the volunteer or staff member will be informed that they may not minister to children or adolescents until the investigation is complete.
6. As a church volunteer, do you agree to observe all church policies regarding working with children?

Yes No

Applicant’s Statement:

I have read the above policy and agree to observe the safeguards listed. I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date. 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 MPBC, I hereby release MPBC 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.

Signature _____ **Date** _____