

## ***volunteer application for family ministries***

☐ Nursery

☐ Preschool

☐ 1<sup>st</sup>-4<sup>th</sup> Grade

☐ 5<sup>th</sup> & 6<sup>th</sup>

☐ 7<sup>th</sup> & 8<sup>th</sup>

☐ 9<sup>th</sup>-12<sup>th</sup>

The Kingsway leadership knows the responsibility placed upon them to protect our children. Therefore, we require all volunteers in our Family Ministries to fill out an application. This information will be kept in a secure location and kept confidential with our Family Ministry staff.

### **PERSONAL INFORMATION**

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

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

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (work)

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

Marital status:

Single

Married

Divorced

Widowed

### **CHURCH BACKGROUND**

How long have you attended Kingsway? \_\_\_\_\_ Are you a member of Kingsway? \_\_\_\_\_

Brief testimony about how you became a follower of Jesus? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PLEASE LIST TWO (2) REFERENCES:**

#### Reference #1

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

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

Phone: \_\_\_\_\_

#### Reference #2

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

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

Phone: \_\_\_\_\_

List the date and activities of other ministry experiences here a Kingsway Christian Church and the reason for ending that ministry.

Date Started	Ministry/Activity	Date Ended	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In caring for kids/students we believe it is our responsibility to seek adult staff that is able to provide healthy, safe and nurturing relationships for our kids/students. We realize these questions are sensitive in nature, but to best look out for the safety of our kids and students we do need your honest response. Additional follow up with a pastor may be required. Please answer the following questions accordingly. Information recorded on this document will be kept confidential.

### **CONFIDENTIAL INFORMATION:**

In your past, have you been diagnosed or treated for any mental illness, alcoholism, substance abuse, suicidal intent, pornography addiction or other ailment? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged of any form of child abuse? \_\_\_\_\_

Have you ever had a sexual relationship with a minor after you became an adult? \_\_\_\_\_

Are you using illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

The information provided on this application is accurate, truthful, and complete to the best of my knowledge.

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

Please place in a sealed envelope and return to:  
Kingsway Christian Church, Attn: Family Ministry, 7981 E. County Road 100 N. Avon, IN 46123

