

## Hope Chapel Children's Ministry Volunteer Application

This survey is to be completed by all those desiring a ministry position involving the supervision or custody of minors. 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.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Last First MI

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

How long at this address? \_\_\_\_\_ If less than five years, give previous address and number of years.

Years \_\_\_\_\_ Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Best time to call \_\_\_\_\_ E-mail address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Phone # \_\_\_\_\_

No. of Children \_\_\_\_\_ Ages \_\_\_\_\_

Emergency Contact \_\_\_\_\_

What is your view of the Bible? Briefly describe \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_ Briefly describe \_\_\_\_\_

How long have you attended Hope? \_\_\_\_\_ What area of ministry do you desire to be involved in? \_\_\_\_\_

Please check the services or groups you regularly attend:

Friday Evening \_\_\_\_\_ Sunday 1st Service \_\_\_\_\_ Sunday 2nd Service \_\_\_\_\_ Other \_\_\_\_\_

What leadership/volunteer experience have you had with children? List all previous church work involving children and youth (identify place and type of work—list supervisors). \_\_\_\_\_

List any gifts, training, education or other factors that have prepared you to work with children \_\_\_\_\_

Age/Grade Preference \_\_\_\_\_ Nursery \_\_\_\_\_ 2 Yr Olds \_\_\_\_\_ 3 Yr Olds \_\_\_\_\_ 4 Yr Olds \_\_\_\_\_

\_\_\_\_\_ 5 Yr Olds \_\_\_\_\_ K & 1st \_\_\_\_\_ 2nd & 3rd \_\_\_\_\_ Tweens \_\_\_\_\_ TGIF \_\_\_\_\_ Awana \_\_\_\_\_

Service Preference (to help) \_\_\_\_\_ Friday \_\_\_\_\_ Sunday 8:30 \_\_\_\_\_ Sunday 10:30 \_\_\_\_\_

Please list any other Hope Ministries you are involved in \_\_\_\_\_

Applicant's Legal Name \_\_\_\_\_  
 Occupation, Place of Employment, Phone # \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you have any medical training or are you CPR certified? \_\_\_\_\_  
 Explain \_\_\_\_\_

Personal References (Must be over 18 years old and not related to you)

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The questions listed below are a part of our interview process in order to help provide a safe and secure environment for our children. All information is held strictly confidential by Hope Chapel Staff. Answering yes to any of the questions may not necessarily preclude your involvement in the Children's Ministry. Thank you for your understanding.

Have you had any painful experiences in your life that have better equipped you or may hinder you from a productive ministry with children? \_\_\_\_\_

Would you like to meet with a pastor/counselor regarding this matter? \_\_\_\_\_

Have you been convicted for use or sale of drugs? \_\_\_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

Have you ever been arrested for a criminal offense excluding minor traffic violations? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any sexually related crimes? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any abuse related crimes? \_\_\_\_\_

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? \_\_\_\_\_

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

\_\_\_\_\_

All volunteers are subject to a background check before being placed in a classroom.

### **Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

### **Hope Chapel Teacher's Covenant**

Having committed to the ministry of teaching and the habits essential for spiritual maturity, I commit to...

Prepare for ministry by maintaining my personal relationship with Christ, support the teaching ministry by praying for the church and Sunday School staff, the other teachers, and specifically the children in my class.

Cooperate with other ministries and place the greater good of the whole body over the needs of my ministry.

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

I understand that the personal information will be held confidential by the professional church staff.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### **Applicant Checklist (for office use)**

Name \_\_\_\_\_ Orientation attended \_\_\_\_\_

Interview date \_\_\_\_\_ By \_\_\_\_\_

Reference checks \_\_\_\_\_

Work reference \_\_\_\_\_

Date of class observed \_\_\_\_\_ Database code \_\_\_\_\_

Placement: Day of service, age or grade \_\_\_\_\_

Position \_\_\_\_\_ Start date \_\_\_\_\_

Comments \_\_\_\_\_

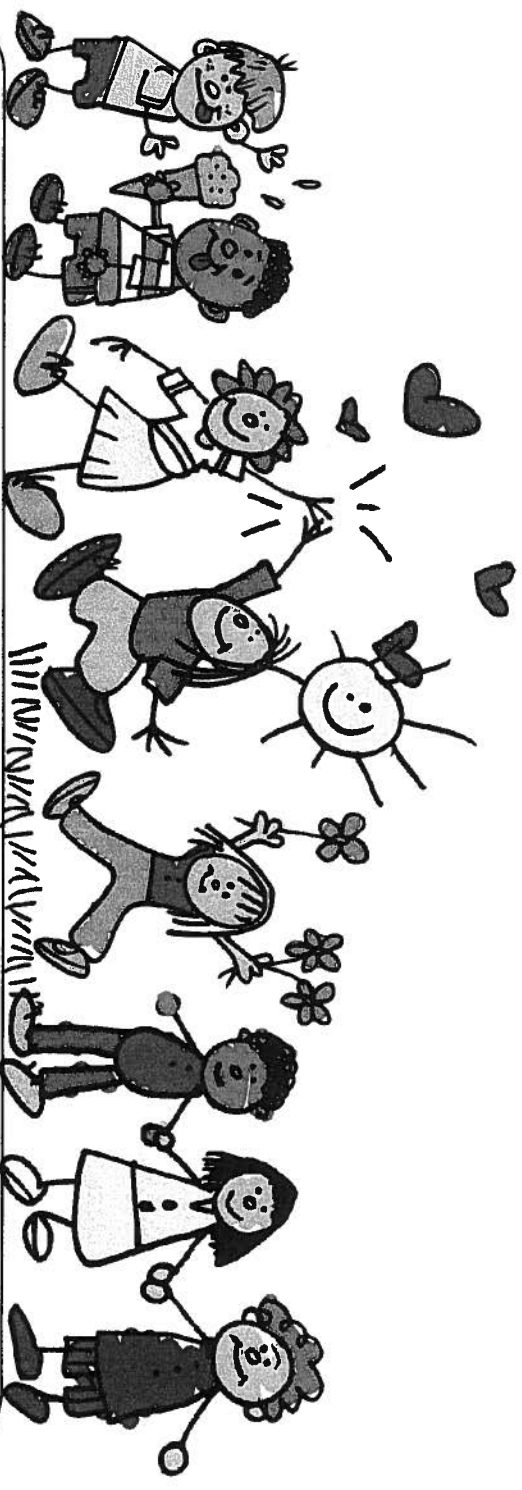
Confirmed with application: Date \_\_\_\_\_ By \_\_\_\_\_

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

# THE C.O.M.S.T.

# Children's Ministry

## Volunteer Application



### **Hope Chapel**

**300 E. Welakahao Road  
Kihai, HI 96753**