



Ministry Volunteer Application
August 2015-July 2016

Check desired ministry area: [ ] Children [ ] Junior high [ ] High School [ ] College-age

Name: \_\_\_\_\_
First MI Last

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

Address: \_\_\_\_\_
City State Zip

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Best times to reach me at home are: \_\_\_\_\_ May we call you at work? [ ] Yes [ ] No

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position at work: \_\_\_\_\_ Years at current job: \_\_\_\_\_

Email Home: \_\_\_\_\_ Email Work: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Church membership: [ ] Member [ ] Regular [ ] Attendee

How long have you attended this church? [ ] less than 1 year [ ] 1-3 years [ ] 3-5 years [ ] 5+ yrs

Emergency contact: \_\_\_\_\_
name and relationship

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

Family Information (optional)

Previous Addresses for the last 10 years:

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

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

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



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Education

High school City, State Grad year

College/tech school City, State Grad year

Degree and major Minor

Other education, training, and licenses

Ministry Experience (list most recent first)

1. Church (name, city, state, and zip) Dates

Area of service Contact person Phone

2. Church (name, city, state, and zip) Dates

Area of service Contact person Phone

3. Church (name, city, state, and zip) Dates

Area of service Contact person Phone

Tell Us About Yourself

- 1. What have you been doing to grow spiritually in the past year?
2. What would you do to maintain your spiritual growth as a volunteer?
3. Why are you interested in serving as a volunteer youth worker?

4. Explain your background in student ministry at this church or elsewhere

5. What special qualities or qualifications would you contribute as a volunteer youth worker?

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### References

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background.

1. \_\_\_\_\_  
Name Address

Home/work/cell phone

Relationship

2. \_\_\_\_\_  
Name Address

Home/work/cell phone

Relationship

3. \_\_\_\_\_  
Name Address

Home/work/cell phone

Relationship

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### Self-Description

Please circle the words that best describe you, and cross out words that least describe you.

|             |             |            |               |             |              |          |
|-------------|-------------|------------|---------------|-------------|--------------|----------|
| trustworthy | dependable  | active     | compassionate | reliable    | self-starter | honest   |
| punctual    | flexible    | laid-back  | quick thinker | spontaneous |              | decisive |
| teachable   | team player | humorous   | thoughtful    | solitary    | leader       | cautious |
| risk taker  | patient     | reflective | organized     | creative    | disciplined  | faithful |

What are your spiritual gifts? (Spiritual Gift Index is available at [www.elca.org](http://www.elca.org))



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Please list any personal weaknesses, areas where you need to grow, or special concerns that could affect your ministry with students.

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- 
-

### Medical Information

Have you had any prior injuries that might be aggravated by working in youth ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Do you have any medical conditions that might be hazardous to others?

If you answered yes to any of the questions above, please attach another page and explain completely.

### Background information

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?  yes  no

Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs?  yes  no

Are you using illegal drugs?  yes  no

Have you been arrested or convicted for any criminal act more serious than a traffic violation?  
 yes  no

Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult?  yes  no

Have you ever been a victim of any form of child abuse?  yes  no

If yes, would you like to speak to a counselor or pastor?  yes  no

Have you ever gone through treatment for alcohol or drug abuse?  yes  no

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer?  yes  no

Is there anything in your past or current life that might be a problem if we found out about it later?  
 yes  no

**If the answer to any of the above questions is yes, please attach another page and write a full explanation. These will be discussed confidentially with you at a future date.**



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Waiver / Release for Background Information

I understand Safe Haven Guidelines and agree to be bound by them.

Yes No initial here: \_\_\_\_\_

I, the undersigned, give my authorization to Christ the King Lutheran Church representatives- hereafter referred to as The Church-to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify and share my suitability as a church youth ministry worker. I am willing to request and submit to The Church social security check and background checks now and for future needs on myself from ShelbySystems Inc., or a business that offers a similar service. This report may be compiled with information from court records repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for student ministry.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement which I have read and understand.

Applicant's Name (printed)

Social Security Number Driver's License Number Date of Birth

Applicant's Signature Date

Witness Signature (an adult, other than a relative) Date