

SISKIYOU CHRISTIAN FELLOWSHIP

Children's and Youth Worker Application

It is our desire to provide a safe, loving, Jesus focused environment for the children and youth who come to our Church. To accomplish this goal, we ask that you fill out the following information. Thank you for the time and effort you devote to this Application. When completed, please deliver to Carla Ruf or Pastor Jeremey. Someone from the children's ministry team will contact you soon.

Thank You!

Name : _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: _____ Email: _____

Family/ Spouse: _____ Anniversary: _____

Children: _____

What age group would you like to work with?

_____ Nursery/toddler (0-2)

_____ Pre-K to Kindergarten

_____ 1st – 3rd Grade

_____ 4th – 6th Grade

_____ Junior High

_____ High School

Desired Service Time

_____ Sunday

_____ Wednesday Eve

Previous Church Attendance and Ministry Experience

Please list the churches you have attended regularly over the past five years as well as any areas of ministry in which you served. Use an additional page to list more churches if needed.

Church Name: _____ Pastor: _____

City: _____ State: ___ Zip: _____ Phone: _____

Dates Attended: _____ Ministry Supervisor: _____

Areas of ministry (include dates): _____

Church Name: _____ Pastor: _____

City: _____ State: ___ Zip: _____ Phone: _____

Dates Attended: _____ Ministry Supervisor: _____

Areas of ministry (include dates): _____

Church Name: _____ Pastor: _____

City: _____ State: ___ Zip: _____ Phone: _____

Dates Attended: _____ Ministry Supervisor: _____

Areas of ministry (include dates): _____

How long have you been attending SCF? _____

Employer: _____

Is it ok for us to contact your employer? _____

Why do you want to work with children or youth:

When did you become a Christian? Year: _____

Briefly describe the events that led to your becoming a Christian. What “condition” is your spiritual life in right now? (Note: We are not looking for ‘perfect people’, just real ones who love the Lord)

Personal Background

Please answer Yes or No to the following questions:

_____ Have you ever been arrested for, convicted of, or plead guilty, or no contest to a criminal act?

_____ Have you ever been accused, arrested, or convicted for any sexually related crime?

_____ Have you ever been accused, arrested, or convicted for any abuse related crime?

_____ Do you use any narcotics (prescribed or not prescribed)?

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

_____ Have you ever been, to your knowledge, investigated by Child Protective Services. Or any other
Governmental agency involved with the protection of children and youth?

_____ Do you have any communicable diseases?

If you answered "YES" to any of these questions, please explain each one separately :

PERMISSION TO CONDUCT BACKGROUND CHECK

Full Name: _____

Aliases or previous names: _____

Date of Birth: _____ SS#: _____

Drivers License #: _____ Email address: _____

I hereby grant Siskiyou Christian Fellowship permission to do a criminal background check on my history in order to serve in the Children's Ministry.

Print Name _____
Date

Signature