

NEW COVENANT
APPLICATION FOR KID'S CONNECTION MUSIC MINISTRY

All applicants must complete the questions listed below for any position in the Kid's Connection Music Ministry with New Covenant. They are used to help the church provide a safe and secure environment for those who participate in our programs. **ALL INFORMATION GIVEN IS CONFIDENTIAL.**

GENERAL INFORMATION

Please print clearly

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Age _____ E-mail address _____

Address _____ City: _____

State: _____ Zip: _____ Gender: Male Female

Hm Phone _____ Wk _____ Cell _____

Marital Status: Single Married Divorced Widowed

Spouse's Name _____

Is your spouse involved in a Helps Ministry here? Yes No If yes, where? _____

Is your spouse and/or family in agreement with you serving in Music Ministry? Yes No

Are you attending school? Yes No If yes, where? _____

CHRISTIAN EXPERIENCE

How long have you attended New Covenant? _____

Are you involved in any other ministries? Yes No If yes, where? _____

Have you ever been involved in church ministry before? Yes No

If yes, where? _____ When? _____ What? _____

How long? _____ May we contact them? Yes No Phone _____

We believe that in order to become a Christian and inherit eternal life, one must realize they are a sinner (Romans 3:10, 23), believe that Jesus died for their sins (John 3:16; Romans 10:9, 10), repent of their sins (2 Corinthians 7:10), and ask Jesus Christ to come into their life and take away their sins (John 1:12).

Do you feel these steps are necessary for salvation? Yes No

Do you feel there is anything additional which a person must do in order to receive salvation? Yes No

If yes, please explain _____

List any gifts, callings, training, education, or experience which have prepared you for Christian service:

LIFESTYLE QUESTIONS

Please answer openly and honestly

Do you have any limitations or conditions that would prevent you from performing certain types of activities relating to Children's Music Ministries? Yes No If yes, please explain _____

Have you ever been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

Do you presently have any communicable diseases (included HIV or AIDS)? Yes No If yes, please explain _____

Do you have any or have you had any struggles with (substance abuse, prescription drugs, excessive drinking, pornography, homosexuality, etc.)? Yes No If yes, please explain _____

MUSIC EXPERIENCE

Why do you want to be on the worship team _____

What does worship mean to you? _____

In your opinion, what is the primary purpose of the Worship team at New Covenant? _____

Have you been apart of a Worship Team before? _____

Please list your musical experience or technical production experience (secular or church): _____

Please list the artist and styles of music that you most enjoy listening to (secular or christian): _____

Do you read music? Yes No

Do you read cord charts? Yes No

Do you play by ear? Yes No

What musical instrument do you play? _____

What part do you sing? Soprano Tenor Alto

Any additional information that you feel we should know: _____

NEW COVENANT CHURCH

Authorization for Release of Background Information

In connection with my application for volunteer service at NEW COVENANT CHURCH, I authorize NEW COVENANT CHURCH and, or Secure Search, their agent, to solicit background information relative to my criminal record history. I understand that NEW COVENANT CHURCH may conduct inquiries into my background that may include criminal records, personal references and other public records pertaining to me. **I understand that this will in no way affect my credit standing.**

I authorize without any reservation, any person, agency, or other entity conducted by NEW COVENANT CHURCH or Secure Search, their agent, for the purpose of obtaining background report information, to furnish the above mentioned information.

Bookstore Children's Coffee Shop Ushers Security Youth

I release NEW COVENANT CHURCH, their respective employees or Secure Search, their agent, and employees and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 421782

Last Name: _____ First Name _____ Middle Name _____

City of Birth _____ County _____ State _____

AKA/Maiden Name _____ DOB _____ Social Security # _____

Current Address _____ City _____

County _____ State _____ Zip _____ How long at this address? _____

Previous Address _____ City _____

County _____ State _____ Zip _____ How long at this address? _____

Signature _____ Date _____