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

Last First Middle Name

Maiden Name (If Married) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Street City State Zip Code

(If You are a ONU Student, this is Box# and ONU Address)

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If You are a ONU Student, this is county of home state)

Number of years at this address \_\_\_\_\_\_\_. If less than 5 years, list previous address below.

Address:

Street City Zip Code

Address:

Street City Zip Code

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(White, Black/African American, Hispanic, Asian/Pacific Islander/Alaskan Native/American Indian)

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell & Provider (Verizon,At&T,…) Business

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current occupation:

Place of employment:

Social Security number:

Marital status: Married Single Divorced Widow Spouse’s name:

Name(s) of your child(ren)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_

(living in household):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date:

Name of others living in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:

Emergency contact:

Name Phone Relationship

**Have you ever been?** (fill in all Blanks)

Convicted, plead guilty to, or have pending charges of using or \_\_\_\_\_\_\_\_\_\_\_\_\_

selling drugs?

Convicted, plead guilty to, or have pending charges for DUI?

Convicted, plead guilty to, or have pending charges of child abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_

or neglect?

Required to register with the state for any criminal or sexual offense?

Hospitalized or treated for alcohol or substance abuse?

Hospitalized or treated for mental illness?

Arrested for a criminal offense other than minor traffic violation?

Sexually or physically abused as a minor?

Are there any reasons involving your lifestyle or in your back ground

that would create doubts that you can be entrusted with the care and \_\_\_\_\_\_\_\_\_\_\_\_\_\_

leadership of children and youth?

*If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the Executive Pastor of Family Life Ministries rather than answer it on this form. Answering yes or leaving the question unanswered, will not automatically disqualify an applicant from ministering within Family Life Ministries.*

If you have answered yes to any of the above, please explain or write that you would prefer talking with one of our staff.

What Ministry are you volunteering for :

Nursery: \_\_ JH Youth: \_\_\_\_

Children SS: \_\_ SH Youth: \_\_\_\_

Children Church: \_\_\_ Preschool/Kindergarten Church: \_\_\_

SAM (Special Abilities Ministry): \_\_\_\_ Special needs (Buddy) : \_\_\_

Children Wednesday: \_\_\_ Summer Camp: \_\_\_\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Person You Contacted : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a personal relationship with Jesus Christ?

Please briefly explain:

When did you begin coming to Kankakee First Church of the Nazarene? \_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of Kankakee First Church of the Nazarene?

What church services do you attend regularly?

What small group/Sunday school class do you regularly attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What area of Family Life Ministry are you interested in?

Please list your hobbies/interests:

**Please list other churches you have attended in the past five years:**

Name of church Phone Contact person

Name of church Phone Contact person

Name of church Phone Contact person

List any experience, education, or other factors that have helped you prepare to work with children and youth.

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

Last First Middle

**REFERENCES:**

**LIST THREE REFERENCES, USING ONLY ONE RELATIVE (must be 18 or greater & Not a Parent)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number:

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number:

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number:

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

**APPLICANT’S STATEMENT**

The information contained is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give you information they may have regarding my character and fitness for children and youth/youth work. I release all such references from my liability for any damage that may result from furnishing such evaluations to Kankakee First Church of the Nazarene. I understand that a criminal background check will be submitted. I release Kankakee First Church of the Nazarene from all liability and damages that may occur from the results of this information. I understand that personal information will be held confidential by the professional church staff.

Should my application be accepted, I agree to be bound by the bylaws and policies of Kankakee First Church of the Nazarene, and to refrain from unscriptural conduct in the performance of my service on behalf of the church.

**As a volunteer that would be teaching Biblical truths I agree with, and have read and desire to uphold the doctrinal standards of the Church of the Nazarene, (*Article V.33.6 – 34.6)******If applicable Initial****: \_\_\_\_\_\_\_\_\_\_\_*

I further state that I have read the forgoing and know the contents thereof and I sign this release of my own free act. This is a legally binding agreement which I have read and understand.

**I have read the policies and procedures of Kankakee First Church of the Nazarene.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)Answer Questions about Policies and Procedures Manual**

1. Back ground check will be redone every: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Two Worker Rule: What do you have to do if only one worker is available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What page does the procedure talk about “Proper Display of Affection”? \_\_\_\_\_
4. What page does the manual talk about “Diaper-Changing” \_\_\_\_\_\_\_
5. No person under the grade \_\_\_\_ is allowed to pick up, carry, or take any child out of the Designated areas
6. What page does manual reference “Child Discipline Policy” \_\_\_\_\_\_
7. Drivers for Special Events must be \_\_\_\_\_ years or Older and have a Copy of their drivers license and insurance on file.
8. All Overnight events should be sponsored with a ratio of \_\_\_\_ (students: chaperones)
9. EMERGENCY and EVACUATION PROCEDURES: Page: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. All students will remain with their teacher or ministry leader until released to their parent/guardian. Students with their own transportation will make contact with their parent/guardian before being released.
10. Abuse Policy Procedure:

**Summary of Steps**

* 1. Gently affirm child/youth.
  2. Flow of staff member is as follows: \_\_\_\_\_\_\_\_ Pastor, depending on whether the person is a youth or child will determine whether Youth Pastor or Children’s Pastor is next staff person, Pastor of Family Life; Worship Arts Pastor. If no staff person is available the Chairman of the \_\_\_\_\_\_\_\_\_\_\_ Council or Lay Leadership Secretary is the next person. That person will make every effort to contact a paid ministerial staff person as soon as possible.
  3. At this point the staff will contact the parent/guardian, IF the abuse did not occur by them. If child is under \_\_\_\_\_ years of age and alleged abuse occurred by a parent/guardian, the incident should then be reported to police of the jurisdiction where that child resides. The police will handle what other agencies need to be involved.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Sign

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