FAMILY LIFE MINISTRY APPLICATION-QUESTIONNAIRE FORM Rev6 (PLEASE COMPLETE FORM IN FULL, LEAVING NO BLANKS use black or blue pen only) Kankakee First Church of the Nazarene 1000 N. Entrance Ave. Kankakee, IL 60901

Name:						
	Last		First		Middle	
Maiden N	Jame (If Marr	(led)				
Address:						
	Street	City		State	Zip Code	
Number o	of years at this	address	If less than	5 years,	list previous address	s below
Address:						
	Street	City	ý		Zip Code	
Address:						
	Street	City	У		Zip Code	
Address:						
	Street	City	У		Zip Code	
Telephon	e number:	/-			-/	
- · · r			Cell & Provio			
Birthday:			E-Mail :			
Current o	ccupation: _					
Place of e	employment:					
		:				
Driver's 1	icense numbe	r:		Expi	ration date:	
Marital st	atus: Married	Single Divor	ced Widow	Spouse's	name:	
Name(s)	of your child(ren).			Birth date:	
1 (41110(5)	or your china(
					Birth date:	
					Birth date:	
Name of	others living i	n household:			Relationship:	
					Relationship:	
Emergeno	cy contact:					
	_	Name	Ph	one	Relationship	

Have you ever been? 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 background 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: Club 47: Summer Camp: OTHER: Staff Person You Contacted :

D1 1 'C1 1 '		
Please briefly explain:		
	g to Kankakee First Church of the	
Are you a member of Kanka	akee First Church of the Nazaren	e?
What church services do you	u attend regularly?	
What small group/Sunday so	chool class do you regularly atter	nd?
What area of Family Life M	inistry are you interested in?	
	rests:	
Please list other churches	you have attended in the past fi	ve years:
Name of church	Phone	Contact person
		Contact person
Name of church	Phone	·
Name of church Name of church	Phone	Contact person Contact person

Name:					
Name:Last	First	Middle			
REFERENCES:					
LIST THREE RI	EFERENCES, USIN	G ONLY ONE RELATIVE			
Name:		Phone number:			
Address:		Relationship:			
Name:		Phone number:			
Address:		Relationship:			
Name:		Phone number:			
		Relationship:			
references, church they may have reg release all such of furnishing such eva a criminal backgro Nazarene from a information. I un professional church Should my applic Kankakee First Cl	contained is correct les, or organizations garding my character references from my valuations to Kankake ound check will be sull liability and daminderstand that personth staff.	to the best of my knowledge. I authorize any listed in this application to give you information and fitness for children and youth/youth work. I liability for any damage that may result from the First Church of the Nazarene. I understand that submitted. I release Kankakee First Church of the tages that may occur from the results of this hal information will be held confidential by the agree to be bound by the bylaws and policies of e, and to refrain from unscriptural conduct in the other church.			
have read and	desire to uphold	the doctrinal standards of the Church of 4.6) If applicable Initial:			
	•	oing and know the contents thereof and I sign this legally binding agreement which I have read and			
I have read the p	olicies and procedur	es 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)					
	EMERGENCY and EVACUATION PROCEDURES: Page: a. All students will remain with their teacher or ministry leader until release to their parent/guardian. Students with their own transportation will mak contact with their parent/guardian before being released. Abuse Policy Procedure:					
	Summary of Steps					
	a. Gently affirm child/youth.					
	b. Flow of staff member is as follows: Pastor, depending of whether the person is a youth or child will determine whether Yout 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.					
	c. At this point the staff will contact the parent/guardian, IF the abuse did no occur by them. If child is under years of age and alleged abus occurred by a parent/guardian, the incident should then be reported t police of the jurisdiction where that child resides. The police will handl what other agencies need to be involved.					
Applic	cant's Signature:					
_	eant's Signature:/					
Date: _						