



Kid's Ministry Volunteer Application

Date of Application: _____

Name: _____

Address: _____

Phone: _____ Birthdate: _____

Email: _____

EMPLOYMENT (Students under 16 include babysitting or other volunteer references):

Employer's Name: _____ Dates: _____

Address: _____ Phone: _____

EDUCATION/TRAINING: _____

REFERENCES (list at least 2 people you know at Grace or previous church)

Name/Address/Phone: _____

Name/Address/Phone: _____

PREVIOUS CHILDREN'S MINISTRIES EXPERIENCE:

Church/Organization	Duties	Age Group	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Nursery	Sat ____	Sun ____	PreKK	Sat ____	Sun ____
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Grade school (grades 1-4)	Sat ____	Sun ____	SCUBA (grades 5-6)	Sat ____	Sun ____
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Check in/Connector	Sat ____	Sun ____	AWANA	Wed ____
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MOPS Childcare	Mon ____	Tues ____
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Frequency	Weeks 1 & 3 ____	Weeks 2 & 4 ____	Week 5 ____
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Have you ever been accused of sexual improprieties with children? Yes ____ No ____

Have you ever been found guilty of sexual improprieties with children? Yes ____ NO ____

Were you ever sexually or physically abused by someone? Yes ____ No ____

POSITION CURENTLY INTERESTED IN:

How long have you attended Grace Fellowship? _____

Please give a brief testimony about when you became a believer and your spiritual walk: _____

Do you have any hobbies or special interests that you could include in your work with children? _____

In case of emergency notify: Name _____





GRACE
FELLOWSHIP

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Brooklyn Park, MN 55445
gracefellowshipmn.org | 763.425.2246

Background Investigation Authorization Form

To better serve in protecting the safety and security of all involved persons at Grace Fellowship, Brooklyn Park, I hereby authorize those acting on behalf of Grace Fellowship to perform a background check and receive any information pertaining to me. I fully understand any information obtained therein will be used in the determination of employment or volunteering in the various ministries at Grace Fellowship, Brooklyn Park.

The main objective of the investigation is to verify information that you provided on your application or during the interview process. This background check could include, but is not limited to, performing a National and Minnesota statewide criminal history record search, the national sexual offender registry, social security number trace, and motor vehicle report.

Full Name (please print): _____

Date of Birth: _____ **Social Security Number:** _____

Drivers License Number: _____ **State:** _____

Other names used including maiden name: _____

Home address(es) for the past seven years:

From	To	Street	City	State	Zip
County					

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, Explain:

What county, state and year?

By filling out this form I give consent to Grace Fellowship, Brooklyn Park to perform the above checks periodically and as needed for the duration of my employment or volunteer service with them.