

Ministry With Minors Application

Shadow Hills Church

This screening form is to be completed by those desiring a ministry position involving the supervision and/or instruction of children birth thru fifth grade. It is being used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities.

Personal

Last Name _____ First Name _____ Middle Initial _____

Address _____

Street City State Zip

Home Phone _____ Cell Phone _____

E-Mail _____ School _____

Birth Date _____ Grade _____

Emergency Contact _____ Phone _____

Parent(s) _____

Do you have any medical training or are you CPR certified? YES NO Explain _____

Church

When did you make your profession of faith in Christ? _____

Please use the back page to describe your testimony.

When were you baptized? _____

Are you a member of this church? YES NO If yes, how long have you been a member? _____

Please indicate the service you attend: _____

Please indicate the Bible Study you attend: _____

Briefly explain why you desire to serve in the preschool/children's ministry area: _____

References

Personal References (not former employers or relatives)

Name	Address	City/State/Zip	Phone

List all previous **non-church** work involving children. Attach additional sheet if necessary.

Organization	Address	City/State/Zip	Phone

Student

I have read and agreed to the guidelines for youth leaders and have discussed them with my parent(s).

Print Name: _____

Signature: _____

Date: _____

Parent

I have discussed the guidelines for youth leaders with my child and will encourage him/her to follow them.

Parent Name: _____

Singature: _____

Contact Phone #: _____

Date: _____

Placement (For Office Use Only)

Day/Hour: _____ Class: _____ Start Date: _____