

# Family Ministries

## Application to Serve

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

### Experience and Interests

List previous employment or volunteer work involving children or students (church and non-church). Use a separate sheet if necessary.

Location	Contact Name	Phone	Type of Work	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any gifts, callings, training, education, or other factors that have prepared you for teaching:

\_\_\_\_\_

Do you have any law enforcement or medical training, or are you CPR certified? YES NO Explain: \_\_\_\_\_

\_\_\_\_\_

### Spiritual Growth Information

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? YES NO If yes, when did you make your profession of faith in Christ? Date/Age: \_\_\_\_\_

Were you baptized by immersion? YES NO Date/Age: \_\_\_\_\_

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

What Worship Service do you attend: \_\_\_\_\_

What Community Group are you a part of? \_\_\_\_\_

Tell us about your spiritual journey to date. Use a separate sheet if necessary. \_\_\_\_\_

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## References

List 3 adults you have known for at least **six months**, who are not related to you and have a definite knowledge of your character and ability to work with children or students.

1. Shadow Hills Staff, Community Group Leader, or Deacon. (list only if known for **six months**. If not, list a church member.)  
Name: \_\_\_\_\_ Occupation/Church Role: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Nature of Relationship: \_\_\_\_\_ Length of Time Known: \_\_\_\_\_
2. Employer/Supervisor (paid or volunteer)  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Nature of Relationship: \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with children or youth and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to follow the Policies of Shadow Hills Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that the personal information will be held confidential by the professional church staff.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if minor) \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_



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