



Do you have a personal relationship with Jesus Christ? \_\_\_\_\_ Briefly describe: \_\_\_\_\_

\_\_\_\_\_

How long have you attended Northside? \_\_\_\_\_ Are you a member of Northside? \_\_\_\_\_

Are you currently in a small group? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Please check the classes you have attended:  101  102  103  104

Date/Year of Baptism: \_\_\_\_\_

List any leadership/volunteer experience you have had with children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any training or education that has prepared you to work with children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other Northside ministries in which you are involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Local Personal References (Must be 18 years old and **not** related to you)**

Please make sure to complete ALL areas – let references know to expect a character reference form in the mail within 1-2 weeks.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip

**The questions below are part of the process to help provide a safe and secure environment for our children. In reviewing Children's Ministry applications, we draw on the input of many ministries within Northside Christian Church. Please understand that the information provided in this application may be reviewed by additional members of the Northside staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.**

Have you had any experiences that might make it difficult for you to minister to children at Northside?

\_\_\_\_\_

Have you ever been accused or convicted of the use or sale of illegal drugs? \_\_\_\_\_

Have you ever used illegal drugs? \_\_\_\_\_

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? \_\_\_\_\_

Have you ever been charged with a misdemeanor or felony? \_\_\_\_\_

Do you have any health issues that could place the children of Northside at risk? \_\_\_\_\_

Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decrees or settlements? \_\_\_\_\_

We conduct a background check on all applicants. Do you have any objections? \_\_\_\_\_

If you answered yes to any of the above questions, please explain briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you believe are your greatest strengths?

\_\_\_\_\_

\_\_\_\_\_

What are your greatest weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your spiritual gifts (if you know)? \_\_\_\_\_

\_\_\_\_\_

## **Applicant's Statement**

I hereby authorize Northside Christian Church to verify all information contained in this application with my given references, my past or present employers, or any other appropriate personnel at my present or past employers, churches or other organizations and any appropriate Northside staff to disclose any and all information to Northside Christian Church. I release all such persons or entities from liability that may result or arise from Northside Christian Church's collections of all such evaluations or information or its consideration of my application. It is understood that the information within this application will be handled with respect towards my disclosures in terms of confidentiality, excepting cases in which said information is used to determine your ability to work with children.

## **Children's Ministry Covenant**

Having committed to Children's Ministry and the habits essential for spiritual maturity, I will commit to:

- Read and practice the security measures in place at Northside as listed in the Policies and Procedures Manual.
- Prepare for ministry by growing in my personal relationship with Christ.
- Support the leadership by praying for the staff, leaders, and specifically the children in my class.

Should my application be accepted, I agree to follow the policies of Northside Christian 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 Northside staff.

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



## Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)*

The information in this form is correct to the best of my knowledge. I hereby authorize Northside Christian Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Northside Christian Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Northside Christian Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

Please check the box if you wish to receive a copy of any Background Check requested.

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### Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

**Print Name:**

\_\_\_\_\_

**First**

**Middle**

**Last**

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

**Current Address:**

\_\_\_\_\_

Street / P. O. Box

City

State

Zip Code

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_