



Children's Ministry Application

The safety of our children is a primary trust given to us by God. In order to fulfill our responsibility, screening is required for all who minister to children or minors at the Manchester Church of the Nazarene (MCN). This screening process includes:

1. The completion of this ministry application and submission of your photograph and/or copy of your driver's license or government-issued photo ID
2. An interview with a ministry staff member, including the checking of references
3. A background check

In addition to the screening process, the training includes participation in a sexual abuse prevention seminar and a thorough review of the Children's Ministry Policy Manual. Additional training may be required from time to time.

If you understand these conditions of service, please initial: _____

If you need assistance filling out this application, please check here.

Name: *(Please Print)* _____
Last First Middle Maiden Name

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Number of years at this address: _____ If less than 5 years at this address, please list previous address below:

Previous Home Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Driver's License Number: _____ State: _____

Current Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Marital Status: Married Separated Divorced Cohabiting Single

If married, spouse's name: _____

Children's name and ages (if any): _____

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Describe your current relationship with God: _____

Are you a member of MCN? Yes No

If not a member of MCN, what is your church affiliation? _____

What church do you currently attend? _____

How long have you been attending? _____

In what capacity are you serving in your church? _____

List other churches you have been connected with in the past 5 years: _____

Have you been convicted or entered a guilty plea or no contest to any crime other than a minor traffic violation? Yes No

Have you provided illegal substance to minor(s)? Yes No

Have you ever been charged with sexual harassment? Yes No

Have you ever been investigated by Child Protective Services or any Law Enforcement Agency (past or present)? Yes No

Do you have any health concerns that might impact your ability to perform the function of a ministry position? Yes No

If you responded "yes" to any of the above questions, please explain here and on the back of this page:

What is your age group preference for ministry? _____

Describe your volunteer or career experience with children or youth: _____

List your gifts, training, and education that prepare you for ministry with minors: _____

Personal (Non-Family) References

1.) Name: _____ Phone: _____ Relationship: _____

Mailing Address: _____ Email: _____

2.) Name: _____ Phone: _____ Relationship: _____

Mailing Address: _____ Email: _____

3.) Name: _____ Phone: _____ Relationship: _____

Mailing Address: _____ Email: _____

Read Carefully

I certify that the information I have provided is true and correct to the best of my knowledge. I authorize any references, churches, employers, and organizations listed in this application to give you information they may have regarding my character and fitness to work with minors. I agree to allow you to have a background check conducted. I release and hold harmless from all liability any individual or organization requesting, supplying, or verifying information in connection with this screening process.

Applicant's Signature: _____ Date: _____

Print Your Name: _____

Social Security Number: _____

Attach a photocopy of your current driver's license or government-issued photo I.D.