

APPLICATION FOR A VOLUNTEER MINISTRY POSITION INVOLVING MINORS

THIS APPLICATION IS BE COMPLETED BY ALL APPLICANTS FOR ANY VOLUNTEER POSITION INVOLVING THE SUPERVISION OR CUSTODY OF MINORS. IT IS BEING USED TO HELP PROVIDE A SAFE SECURE ENVIRONMENT FOR CHILDREN.

Instructions On Completing This Form:

- Complete the questions on Page 1
- Sign at the bottom of Page 2
- Have a reference described at the top of page 2 complete the **Reference Certification** and mail both pages to the Georgia Children’s Ministries Department.
- **The church or Pastor will mail** to the Georgia Children’s Ministries Department– PO Box 28470-Macon, GA 31221

PERSONAL

Date: _____

Name: _____

Last

First

Middle

Present Address: _____

Phone: () - _____ - _____ Age _____

Have you ever been convicted of or pleaded guilty to a crime? Yes _____ No _____. If yes, please explain (attach a separate page if necessary): _____

CHURCH HISTORY AND PRIOR WORK WITH CHILDREN

Use additional paper if needed

Name and City/State of church that you are a member: _____

Churches (name and city/state) you have attended regularly during the past five years.

List all previous church work involving children (*list each church’s name and city/state*), type of work performed and dates:

List all previous non-church work involving children (*list each organization's name and address, type of work performed, and dates*): _____

REFERENCE'S CERTIFICATION

Because of the large number of applicants it is impossible to do background checks on each applicant. As a result, great reliance is placed on the representation of each applicant's pastor, youth pastor, children's pastor or church board member that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. ***PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR, CHILDREN'S PASTOR OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. CHOOSE THE ONE WHO KNOWS YOU BEST. THIS MAY BE SOMEONE IN YOUR "HOME" CHURCH, OR THE CHURCH YOU ATTEND LOCALLY. IT MUST BE SOMEONE WHO KNOWS YOU AND CAN PROVIDE A REFERENCE REGARDING YOUR SUITABILITY FOR WORKING WITH MINORS. DO NOT USE SOMEONE WHO IS RELATED TO YOU.***

- I am personally acquainted with the applicant and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.

- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: _____.

☛ Signature of Reference

☛ Printed Name of Reference

- Senior Pastor
- Youth Pastor
- Children's Pastor
- Church Board Member

The Senior Pastor must read and sign after this form is completed, if someone other than the Senior Pastor completes the reference.

☛ Signature of Senior Pastor

☛ Applicant's Signature

Thank you for completing this application form and for your interest in the working in a volunteer ministry.

NOTE: The reference is to complete and mail this form back to the GA Children's Ministries Department without showing and giving back to applicant. Your response is confidential.

**GEORGIA ASSEMBLIES OF GOD
Children's Ministries Department
PO Box 28470
Macon, GA 31221**