

Blackhawk Children's Ministries Volunteer Application

This application is to be completed by all applicants for any position involving the supervision or custody of minors. 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. All information received from this application will be kept at the highest level of confidentiality.

PLEASE READ AND SIGN BELOW:

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information that they have regarding my character and fitness for work with children. I authorize the release of information contained in this application to any ministry at Blackhawk Ministries in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by Blackhawk Ministries, I hereby release any individual, church, youth organization, charity, employer, reference, and or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization.

Should my application be accepted, I agree to uphold the policies of Blackhawk Ministries Children's Ministries, follow its leadership, attend training, arrive on time and be faithful to my commitment to minister to our kids. I also agree to remain consistent with the beliefs of Blackhawk Ministries in as far as I interact with children on doctrinal issues, and maintain a growing relationship with Christ.

I hereby request and authorize that a Criminal Records Check for an arrest/or convictions record be conducted on me and that any information which pertains to any record of arrests/or convictions contained in police files or any criminal file maintained on me, whether State or local, be released to Blackhawk Ministries. I understand that Blackhawk Ministries will run a Criminal Records Check throughout the time that I serve. In so authorizing, I release any Police Department, Blackhawk Ministries, or those individuals receiving the results of the check from any and all liability resulting from such disclosure.

Applicants Signature of Agreement: _____ Date: _____

For Office Use Only

Name: _____	Date Received: _____
Date of Background Check: _____	Cleared: YES NO
Dates of Serving _____	



General Information

Print Full Name: _____ Print Maiden Name (If applicable) _____

Print all Aliases: _____ Spouses Name: _____

Date of Birth: _____ Place of Birth _____

Social Security Number: _____ Drivers License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Information

Tell us briefly about your spiritual journey to date:

Are you a member of Blackhawk Ministries? Yes No

If no, how long have you been attending Blackhawk? _____

List (name and address) of other churches you have regularly attended during the past three years:

List all previous church and non church work involving children (list name of church/ organization, type of work performed and dates) :

I have chosen to work in Children's Ministries because:

Personal Information Continued

Are you : Single Married Widowed Divorced

Do you have children? Yes No Number of Children: _____

Have you ever been arrested, convicted or plead guilty to a crime? Yes No

If yes, please explain: _____

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child? Yes NO

If yes, explain situation providing date and place of incident _____

Have you ever been treated for an addiction such as: drugs, alcohol, pornography or any other addiction? Yes No

If yes, explain: _____

Have you ever been treated for a psychiatric disorder? Yes No

If yes, please explain: _____

Employment History

Present Employer: _____ Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Full-Time Part-Time

Employment dates: Starting: _____ Ending: _____

References

Please list two adults you have known for at least one year, who are not related to you and have a definite knowledge of your character and ability to work with children.

Name: _____

Relationship: _____

Length of time known: _____

Phone: _____

E-mail: _____

Name: _____

Relationship: _____

Length of time known: _____

Phone: _____

E-mail: _____

Thank you for taking the time to fill out this application!