

Woodcreek Church

Little Hearts Ministry
Job Application

The information contained in this application will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for Woodcreek Church or as required by law.

This application is to be completed by ALL applicants for any teaching or assisting position involving the supervision or custody of minors. It is being used to help provide a safe and secure environment for those children, youth and adult staff personnel who participate in our programs and use our facilities. **Confidentiality will be maintained.**

Date Application Completed

Position Applying for: (check all that apply)

- Little Hearts
- Other Childcare Opportunities

PERSONAL INFORMATION

Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address: _____

Date of Birth: ____/____/____

Woodcreek Church

Name _____

STATEMENT OF FAITH

Give your understanding of what it means to be a Christian. When did you make the decision to become a Christian, acknowledging Jesus as your Savior?

Do you attend church regularly? _____ If yes, where and for how long?

MINISTRY EXPERIENCE

List the names and addresses of other churches you have attended regularly during the past five years:

Please list any previous experience working with children and/or youth:

Church name & address & phone Type of work performed
Dates

Woodcreek Church

Name _____

Non-church work & address & phone Type of work performed
Dates

Please list any training or education that has prepared you for work with children and/or youth:

Please list one church reference:

Name _____ Phone _____

Email _____

Please list two personal references:

Name _____ Phone _____

Email _____

Relationship _____

Name _____ Phone _____

Email _____

Relationship _____

Safety and Security

In order to assure the health, safety and security of our children, youth and staff personnel, please answer questions on the following page. ***If any of the following situations apply to you, we will discuss with you how this may impact your serving in our Little Hearts Ministry.***

Health Challenges: Do you have any health challenges (disabilities, physical limitations, etc.) that might impact or affect your work with children, youth and other adult staff personnel?

Do you have any allergies to medication or foods? If so, what are they?

Have you ever tested positive for HIV?

Addictions: Have you ever had a problem or addiction to pornography, drugs, alcohol, or any other addiction, or has anyone ever suggested that you may have a problem with any of these things? If yes, please explain.

Child Abuse: Have you ever been convicted or accused of physical abuse, sexual abuse, neglect, molestation or exploitation of a minor? If yes, please explain.

Woodcreek Church

Name _____

Arrest record: Do you have an arrest record? If yes, please explain.

Have you ever been convicted of or pleaded guilty to a crime? If yes, please explain.

Have you been or are you on probation for any reason? If yes, please explain.

Have you been directed by the courts to participate in any form of community service? If yes please explain.

Woodcreek Church

Name _____

Signature Page

The information contained in this evaluation is correct to the best of my knowledge. I authorize Woodcreek Church or its representatives to make any and all appropriate inquiries regarding my background, and I release the church and its representatives from any liability which may result from such actions.

AGREED TO AND ACCEPTED

this _____ day of _____, 20_____.

Signature _____

Printed name _____

Parent's signature required if under 18 years of age.

Signature _____ Date _____