



# **Children's Ministry Workers Application**

## **Church On Fire Ministries**

### **QUALIFICATIONS FOR CHILDREN'S WORKERS**

Church On Fire Ministries is an independent charismatic fellowship of believers. The church is a religious, not-for-profit corporation formed under the laws of Ohio and is qualified with the IRS as a tax-exempt entity.

We believe the scriptures require that Christians who are in places of responsibility in the church are required to be examples in faith, conduct, and business affairs. To maintain a high standard for workers is one of the best ways to present Christ to the people of our community.

Therefore, the following guidelines will be required of any person, volunteer or compensated working in the children's ministry at Church On Fire Ministries.

1. Must be in agreement with the **"WE BELIEVE"** statement of Church On Fire Ministries (attached).
2. Be able to make a minimum six-month commitment
3. Complete this Children's Workers Application.
4. Be loyal to the pastors and leaders of Church On Fire Ministries.
5. Be faithful to your ministry position.
6. Live a separated Christian life.
7. Complete the **"NEW TO CFM"** course.
8. Be faithful in attendance of regular church services.
9. Give earliest notice possible if you know you will be absent.
10. Be neat in your appearance and conduct at all times.
11. Attend all appropriate workers' meetings.
12. Keep your home life in order.
13. Give thirty (30) days notice when resigning position.

#### **PLEASE READ AND SIGN:**

I have read the above qualifications and pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above qualifications is grounds for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* CONFIDENTIAL \*\***

**Application to be a Children's Worker**

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe, secure and spiritually nourishing environment for those children who participate in our programs and use our facilities. All information provided on this application will be kept confidential and will be disclosed only to Pastoral staff and the individuals listed in this application.

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Male Female Birth date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ No. of children: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_ Anniversary date: \_\_\_\_\_

Will your spouse be involved in C.M.? \_\_\_\_\_ Maiden name: \_\_\_\_\_

Alias (or another name you've gone by): \_\_\_\_\_

Present employer: \_\_\_\_\_

Can we call you at work? \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Do you have a current driver's license? Yes \_\_\_ No \_\_\_ Is it commercial? Yes \_\_\_ No \_\_\_

How long have you attended Church On Fire Ministries? \_\_\_\_\_

Have you been born again?  Yes  No Where: \_\_\_\_\_ Year: \_\_\_\_\_

Have you been filled with the Holy Spirit (according to Acts 2:4)?  Yes  No

Have you been baptized in water?  Yes  No If yes, where? \_\_\_\_\_

Do you tithe regularly to Church On Fire Ministries?  Yes  No

**DO YOU THINK?**

YES

NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | That Jesus Christ was conceived by the Holy Spirit, born of a virgin?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | That Jesus is God's Son and the only sacrifice for sin?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | That a man must be born again to receive eternal life?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | That there is an eternal reward for the believer? (Heaven)                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | That there is an eternal damnation for the lost? (Hell)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | The scriptures are infallible?  |
| <input type="checkbox"/> | <input type="checkbox"/> | That divine healing is part of redemption's purchase and is God's will for all who believe? |
| <input type="checkbox"/> | <input type="checkbox"/> | That Jesus arose bodily from the dead?  |
| <input type="checkbox"/> | <input type="checkbox"/> | The spiritual gifts in Romans 12 and 1 Corinthians 12 are for the believer today?           |

Comments:

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Please list other churches (name and address) you have attended regularly during the past five years:

List any gifts, callings, training, education, or other factors that have prepared you for children's ministry:

Have you ever led a child to Christ?  Yes  No

Have you ever been involved in children's ministry before?  Yes  No

*If yes, in what areas?* \_\_\_\_\_

With what church or organization? \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to children's work?  Yes  No

*If yes, please explain:*

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  Yes  No

*If you answered yes, please explain:*

Were you a victim of a abuse or molestation while a minor?  Yes  No

(IF YOU PREFER, YOU MAY REFUSE TO ANSWER THIS QUESTION, OR YOU MAY DISCUSS YOUR ANSWER IN CONFIDENCE RATHER THAN ANSWERING IT ON THIS FORM. ANSWERING YES, OR LEAVING THE QUESTION UNANSWERED, WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FOR CHILDREN'S WORK)

Have you been involved in any homosexual conduct within the last 3 years?  Yes  No

Do you presently have any communicable diseases (including HIV or AIDS)?  Yes  No

*If you answered yes, please identify the disease and describe your current condition and the treatment you are receiving:* \_\_\_\_\_

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Do you smoke?  Yes  No

Do you drink alcoholic beverages?  Yes  No

Do you use illegal drugs?  Yes  No

Do you watch movies with a rating greater than PG-13?  Yes  No

Comments: \_\_\_\_\_

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Why do you want to be involved in children's ministry? \_\_\_\_\_

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## CIRCLE AREAS OF INTEREST

Lead teacher  
Assistant teacher  
Puppet Team  
Sewing  
Praise & Worship  
Food Service  
Painting  
Children's Choir  
Greeters  
Memory Verse Station

Art  
Carpentry  
Video Media  
Storytelling  
Object Lessons  
Bulletin Board Design  
VBS  
Intercessory Prayer  
Bus Ministry  
Special Needs

Crafts  
Sound Ministry  
Games  
Musical Instrument  
Publications  
Office Skills  
Costumes/Clowns  
Door Monitor  
General Store Operator  
Other: \_\_\_\_\_

What age group do you enjoy working with?

**Nursery** (Birth - Age 3)

**Pre-school** (Age 4 – Kdg.)

**Elementary** (Grades 1 – 5)

Are your spouse and/or family in agreement with you working in the children's department?  Yes  No

## PERSONAL REFERENCES

(Not employees or relatives)

Name:

Name:

Address:

Address:

Telephone:

Telephone:

Email address:

Email Address:

Relationship to Applicant:

Relationship to Applicant:

## PASTORAL REFERENCE

(Former Senior Pastor, Associate Pastor or Ministerial Supervisor)

Name:

Address:

Telephone:

Email Address:

Relationship to Applicant:

## APPLICANT'S STATEMENT

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 they may have regarding my character and fitness for children's work. I release all such references from any claim or liability for any damage that may result from furnishing such information and evaluations to you and I waive any right that I have to inspect the references provided on my behalf. **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.**

Should my application be accepted, I agree to be bound by the constitution and by-laws and policies of Church On Fire Ministries, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's signature: \_\_\_\_\_

Date:

Witness: \_\_\_\_\_

Date:



# Church On Fire Ministries

## AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

In connection with my application for volunteer service with Church On Fire Ministries, I authorize Church On Fire Ministries and/or Shepherds Watch., their agent, to solicit background information relative to my ID verification, national criminal records check, local criminal record check and state sex offender registry check. I understand that Church On Fire Ministries may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

**I authorize without any reservation, any person, agency, or other entity contacted by Church On Fire Ministries or Shepherds Watch, their agent for purposes of obtaining background report information, to furnish the above information.**

I release Church On Fire Ministries, their respective employees or Shepherds Watch, their agent and employees and all persons, agencies and entities providing information of reports about me from any and all liability arising out of furnishing any such information or reports.

### Please Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

AKA/Maiden Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Please note: If your address is a rural route, or post office box, we must have City & County mail was delivered to.**

### **Current**

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_/\_\_\_\_

### **Previous**

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_/\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**Date:** \_\_\_\_\_



## ***We Believe...***

...THE BIBLE IN ITS ENTIRETY, IS THE MIND OF CHRIST, AND THE INSPIRED WORD OF GOD (*II TIMOTHY 3:16*).

...THERE IS ONE GOD ETERNALLY EXISTENT, IN THREE PERSONS: GOD THE FATHER, GOD THE SON, AND GOD THE HOLY SPIRIT (*II CORINTHIANS 13:14*).

...THE DEITY OF OUR LORD JESUS CHRIST. WE BELIEVE THAT HE WAS BEGOTTEN BY THE HOLY SPIRIT, BORN OF THE VIRGIN MARY, AND THAT HE LED A SINLESS LIFE. WE BELIEVE IN HIS MIRACLES, IN HIS VICARIOUS AND ATONING DEATH, IN HIS BODILY RESURRECTION, IN HIS ASCENSION TO THE RIGHT HAND OF THE FATHER, AND HIS PERSONAL FUTURE RETURN TO THIS EARTH IN POWER AND GLORY, AS KING OF KINGS AND LORD OF LORDS (*MATTHEW 16:16*).

...THE FALL OF MAN, AND HIS LOST CONDITION, WHICH MAKES NECESSARY A NEW BIRTH, THROUGH REPENTANCE AND THE BELIEF IN THE LORD JESUS CHRIST AND HIS PRECIOUS BLOOD (*I PETER 2:24*).

...IN WATER BAPTISM BY TOTAL SUBMERSION IN WATER IN THE NAME OF THE FATHER, THE SON, AND THE HOLY SPIRIT. SINCE OUR LORD COMMANDED IT, WE BELIEVE IT SHOULD BE OBSERVED. IT IS AN ACT OF FAITH AND TESTIMONY SUBSEQUENT TO REGENERATION AND AS AN OUTWARD SIGN OF THE INWARD SPIRITUAL WORK BROUGHT ABOUT IN OUR HEARTS BY THE NEW BIRTH (*MATTHEW 28:19*).

...THE RESURRECTION OF BELIEVERS UNTO EVERLASTING LIFE AND BLESSING IN HEAVEN, AND THE RESURRECTION OF UNBELIEVERS UNTO EVERLASTING PUNISHMENT IN HELL (*JOHN 5:28-29*).

...THE BAPTISM OF THE HOLY SPIRIT ACCOMPANIED BY THE INITIAL SIGN OF SPEAKING WITH OTHER TONGUES AS THE SPIRIT OF GOD GIVES THE UTTERANCE (*ACTS 2:1-4*).

...THE PRESENT SUPERNATURAL MINISTRY OF THE HOLY SPIRIT, WHO BESTOWS THE SPIRITUAL GIFTS OF THE WORD OF WISDOM, WORD OF KNOWLEDGE, FAITH, GIFTS OF HEALING, WORKING OF MIRACLES, PROPHECY, DISCERNING OF SPIRITS, VARIOUS KINDS OF TONGUES AND INTERPRETATION OF TONGUES. WE BELIEVE THESE GIFTS WILL CONTINUE UNTIL OUR LORD'S RETURN (*I CORINTHIANS 12*).