



## Student Ministry Application

The purpose of this application is to find out more about you personally, please make every effort to answer the questions honestly and completely. Please note that as a standard security measure, CBCC runs background checks on any and all adults who desire to work with the Children's Ministries. The security screening that is done is to insure the highest quality of safety and care for our children and all information collected will be kept strictly confidential with the church leadership.

### **General Information:**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Other Names Used (Maiden, etc) \_\_\_\_\_

Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ D.L. # \_\_\_\_\_ St: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

List any other cities that you have resided in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Your Spiritual Journey:**

How did you become a Christian?

How has your faith and relationship with Christ grown since you became a Christian?



If yes, would you like to speak to a counselor or pastor?

Yes       No

Are you willing to have your information run through a background check and possibly be finger printed for State Criminal Conviction Clearing?

Yes       No

How long have you attended Cross Bend Christian Church? \_\_\_\_\_

Are you a member?

Yes       No

List the date and activities of other ministry experiences here at Cross Bend Christian Church, and the reasons for ending that ministry.

Date Started	Ministry/Activity	Date Ended	Reason
--------------	-------------------	------------	--------

---

Describe any other ministry/church experience you have been involved with.

What spiritual gifts do you feel you have, and how would you like to use them in children's ministry?

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Cross Bend Christian Church or its representatives to release any and all records or information relating to working with minors. Cross Bend Christian Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children's worker. I understand that the personal information in this application will be held confidential by the professional church staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REFERENCES:**

Please list two or three references that you have known for at least 2 years. We are looking for references that can vouch for one's character rather than their skills. God will provide all the tools necessary to carry out a ministry.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_