

# **World Harvest Church Children's and Youth Ministry APPLICATION**

Attention All Prospective Children's and Youth Volunteers:

Thank you for applying to volunteer with the Children's Department of World Harvest Church of Paducah. We give prayerful and careful consideration to each volunteer application. Every effort is made to see that the children's program at World Harvest Church is right for the applicant, and the applicant is right for the children's program. Please submit your application to the Pastoral Office after it has been completely filled out.

The approval process takes two to three weeks from the time your application is received in the Pastoral Office. Each member of the Pastoral Staff reviews all applications and a Children's Department staff member checks the references that are listed in each application.

If your application is approved, you will be contacted by a member of the Children's Department with instructions and a classroom schedule. Please be sure to obtain a copy of the Children & Youth Ministry Procedures from the Children's Department Head over your area. These policies and procedures have been instituted to provide a safe and loving environment for the children of our church. Please remember that we may not be able to use everyone who applies. There are several volunteer opportunities at World Harvest Church and we feel it is important for everyone to be used in the volunteer area that they can be most effective. Thank you for applying to work with the children and youth of World Harvest Church of Paducah.

**YOUR COMMITMENT:** Volunteers working in the Children's and Youth Department are asked to work one Sunday and one Wednesday per month for a minimum of six months. This provides the continuity that is so important to the children and youth and allows you to become a fully trained worker. Exceptions to the six-month commitment may be made on an individual basis.

I understand the commitment and will uphold it to the best of my ability.

Signature: \_\_\_\_\_

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

**\*\*Confidential\*\*  
Children's Volunteer Application**

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 and secure environment for those children who participate in our programs and use our facilities.

Circle the service you are available to work:    Sunday morning    Wednesday evening

Circle the age group with whom you desire to work:

**0-Walking    Walking-2 yrs    3-4 yrs    4-6 yrs    7-12 yrs    13-21 yrs    Where Needed**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alias (or other names you've used): \_\_\_\_\_

Male/Female: \_\_\_\_\_ No. of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Spouses Maiden Name: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Are you born again? Yes \_\_\_ No \_\_\_ If yes, when and where? \_\_\_\_\_

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

If yes, when and where? \_\_\_\_\_

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

Are you a member of World Harvest Church of Paducah? Yes \_\_\_ No \_\_\_

If yes, membership date: \_\_\_\_\_

If no, how long have you attended World Harvest Church? \_\_\_\_\_

Previous Church attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Are you currently a Junior High or High School student? \_\_\_\_\_ Grade? \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Have you used alcohol in the last year? Yes \_\_\_ No \_\_\_

Have you used illegal drugs in the last year? Yes \_\_\_ No \_\_\_

Have you used tobacco products in the last year? Yes \_\_\_ No \_\_\_

If yes on any of the above, list date(s) and explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged and/or convicted of a criminal act other than traffic violations?  
Yes \_\_\_ No \_\_\_ If yes, list date(s) and explain:

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Have you ever been accused, charged, and/or convicted of child abuse, a crime involving actual or attempted sexual molestation of a minor, or been accused and/or investigated for any other sexually-related crimes? Yes \_\_\_ No \_\_\_ If yes, list date(s) and explain:

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Have you been involved in homosexuality or lesbianism in the last ten years? Yes \_\_\_ No \_\_\_  
If yes, list date(s) and explain: \_\_\_\_\_

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Have you ever been a patient (committed or voluntarily) in a mental health or psychiatric facility?  
Yes \_\_\_ No \_\_\_ If yes, list date(s) and explain: \_\_\_\_\_

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Have you ever been prescribed and/or taken any psychiatric drugs/medications? If yes, please list date(s) and specific medications and explain: \_\_\_\_\_

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Do you presently (or have had in the past) any of the following communicable diseases?

Hepatitis (of any kind): \_\_\_\_\_ Tuberculosis: \_\_\_\_\_

AIDS: \_\_\_\_\_ HIV+: \_\_\_\_\_

Other (Explain): \_\_\_\_\_

Do you have any physical problems or conditions that would hinder you from performing certain types of activities related to children's work? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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Is your spouse in agreement with you working in the Children's Department? Yes \_\_\_ No \_\_\_

**Prior Children's or Youth Work**

List all previous church work involving children or youth (list each church's name and address, type of work performed, and dates).

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

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List any gifts, callings, training, education, or other factors that have prepared you for children's or youth work.

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**Personal References** (References should be people other than relatives who have known you for at least two years. Local references are preferred.)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to Applicant (circle one):  
Distant Work Casual Close  
Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship to Applicant (circle one):  
Distant Work Casual Close  
Number of years known: \_\_\_\_\_

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 provide any information they may have regarding my character and fitness to work with children. I also certify that any person(s) who may furnish such information concerning me should not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of collecting such information. **I waive any right that I may have to inspect any information provided about me by any persons or organization identified by me in this application.** I also agree with the World Harvest Church of Paducah Tenets of Faith.

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

## Request for Criminal Records Check and Authorization

World Harvest Church of Paducah is requesting that all staff and volunteers who will be directly involved in the care and supervision of our children and youth to authorize a criminal background check.

I, \_\_\_\_\_ (applicant's name) give World Harvest Church of Paducah permission to do a background inquiry through the Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Maiden Name (if applicable)

\_\_\_\_\_  
Print all Aliases

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security Number