



G.A.K JR. & BABY G.A.K. MINISTRY APPLICATION



Thank you for your interest in becoming a part of Church in the Son's Children's Department. For the physical and spiritual well being of our kids, we do need to know you a little better, so please fill out the information below and return this form to Monica Brooks.

PERSONAL INFORMATION

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City, Zip: _____ Cell Phone Carrier: _____
 E-Mail: _____
 Date of Birth: _____ Work Phone: _____
 Occupation: _____ Place of Employment: _____
 Please check all that apply: Male Female Single Married

FAMILY INFORMATION

Please Note: If spouse is also applying for ministry, please fill out a separate application.

Spouse's
 Name: _____ Date of Birth: _____
 Occupation: _____
 Name/Ages of Children:

SPIRITUAL INFORMATION

Are you a born-again Christian? _____ Approximate Date _____
 Is your spouse a born-again Christian? _____ Approximate Date _____
 Date baptized by immersion _____ Spouse _____
 Do you understand the vision of the church? _____
 Are you baptized in the Holy Spirit? _____
 Do you read the Word regularly? _____ Do you pray regularly? _____
 Do you have any habits or areas in your personal life or past that might hinder your service of ministry? If yes, please discuss this with Chris Dearth, Children's Pastor.

PRACTICAL INFORMATION

Which service do you regularly attend: ___ 9:00 AM ___ 11:00 AM ___ 1:00 PM

In which service would you like to serve: ___ 9:00 AM ___ 11:00 AM ___ 1:00 PM ___ Wed

Would you be able to arrive at least 30 minutes prior to service starting? _____

How often would you be able to serve: ___ Weekly ___ 2xMonth ___ Monthly

What age group do you desire to work with? ___ Nursery ___ One's ___ Two's

___ Three's ___ Four's ___ Five's ___ Sign-In Desk

Would you like to:

___ help with special events ___ work with special needs children

Would you consider yourself one who supports the vision of the Pastor with your whole heart?

Do you belong to a cell group? _____ If yes, how long have you been attending? _____

Who is your cell leader? _____

Why do you wish to serve in this ministry? _____

Please list any experience you have working with children, training that has prepared you for service in this ministry, or leadership positions you've held paid or volunteer? _____

What spiritual gifting or skills do you have that you feel would be an asset to minister to children?

Have you been charged with a crime? _____ Have you ever been arrested? _____

Please provide the name and phone number of at least one character reference other than a family

member: _____

STATEMENT OF SUPPORT

I will support the pastoral team and I will follow their instructions concerning my area of ministry without deviation. I will always seek to promote unity and love at the church and in my area of ministry. I will not gossip or betray confidence. I will report all problems, questions, needs or complaints that I see at the church or in my ministry to one of the Pastors, and I will inform the same if I am not able to fulfill my ministry for whatever reason.

Signature_____ Date_____

BACKGROUND CHECK

This authorization must be filled out by any one applying who is 18 years of age or older.

Church in the Son reserves the right to perform background checks on any of its workers due to legal and/or discretionary purposes. Applicant's birth date, social security number, current address, and signature are required. This information is to be completed by all applicants for any position (volunteer or compensated) who will be working with children or youth. This information is confidential, and will be used to provide a safe and secure environment in our programs and facilities. Background checks will be renewed every five years.

The information contained in this application is true, complete, and correct to the best of my knowledge. I, the undersigned, give my authorization to Church in the Son or its representatives to perform a background check for record purposes where necessary, and for such information from national, state, and local law enforcement agencies to be released to:

**Church in the Son
4484 John Young Parkway
Orlando, FL 32804**

(Please Print) Last Name First Name Middle Initial

AKA or Maiden Name

Current Address: Street, City, State, Zip Code

Social Security Number Date of Birth

Signature Date

Please complete and return to the Early Childhood Director.