

APPLICATION FOR MINISTRY TO MINORS
(This Application must be completed every year)
For All Persons Who Work With Children, Youth And/Or Developmentally Disabled Persons in Northwest Ministry Network sponsored events/activities and ministries.

This application is to be completed by all applicants who desire to serve in any position (volunteer or compensated) involving any access to children (minors under 18 years of age) or developmentally disabled persons in *Northwest Ministry Network sponsored events/activities and ministries*. It is being used to help the Northwest Ministry Network of the Assemblies of God ("NWMN") provide a safe and secure environment for those children, youth and developmentally disabled persons who participate in our District sponsored events and programs and use our facilities.

PERSONAL

The information contained below is to be used only for identification and investigative purposes.

TO BE COMPLETED BY APPLICANT ONLY
(All Fields REQUIRED)

Date	Cell Phone	Work Phone	Email Address
------	------------	------------	---------------

Last Name	First Name	MI	Date of Birth	Race	Sex	Soc. Sec. #
Place of Birth (City/State)	Home Street Address		City	State	Zip	Drivers License #
Other Last Names Used	Other States and Counties I have lived in.....		State	County	Zip	From (Yr) To (Yr)
		1				
		2				
		3				
		4				
Occupation			Employer			

How long so employed?_____ If accepted or hired, are you authorized to work in the U.S. on an unrestricted basis?___ ☐ Yes ☐ No Explain:_____

List (name, address, telephone number, dates) all prior employers for the past ten (10) years:

Have you ever been convicted of or pleaded guilty to a criminal offense? ☐ Yes ☐ No

If yes, please explain: attach a separate page if necessary)_____

Have you ever had your driver's license suspended or revoked for any reason? ☐ Yes
☐ No

If yes, please explain:_____

Marital Status ☐ Married ☐ Single ☐ Engaged ☐ Separated ☐ Divorced
☐ Remarried ☐ Widowed

EDUCATION

<i>School</i>	<i>Name</i>	<i>City, State</i>	<i>Mo/Yr Graduated</i>	<i>Degree</i>
High School				
College				
Other (describe)				

MEDICAL

Do you use any prescription drugs on a regular basis? ☐ Yes ☐ No If so, please state the name and reason for its use:_____

Please list any medical conditions we should be aware of:_____

Do you have any physical or medical condition that would limit your ability to do this job? (For example: If working with someone disabled, will you be able to lift them? If teaching/supervising children, will you be able to run short distances in an emergency?) ☐ Yes
☐ No

If no, please explain: _____

If no, what can be done to accommodate your limitation? _____

CHURCH ACTIVITY

Are you a Christian? ☐ Yes ☐ No When were you saved? _____

Do you agree with the 16 Statement of Fundamental Truths of the Assemblies of God?
☐ Yes ☐ No

If not, which one(s) do you disagree with and why? _____

Do you agree not to teach beliefs contrary to our Tenets of Faith? ☐ Yes ☐ No

Have you received the Baptism of the Holy Spirit as recorded in Acts 2:4; 10:44-46 and 19:6?
☐ Yes ☐ No If no, are you seeking? ☐ Yes ☐ No

Do you have a systematic habit of personal devotions and Bible Study? ☐ Yes ☐ No

How do you pursue an ongoing relationship with God? _____

What church do you currently attend? _____

How long have you attended? _____

Have you become a member of the church you attend? ☐ Yes ☐ No

If no, are you a member of another church? ☐ Yes ☐ No (name) _____

Is your life free from all habits unbecoming to a Christ-follower such as, without limitation, smoking, drinking, illegal drugs, and violence? ☐ Yes ☐ No

If no, please explain: _____

List of all other churches where you have attended regularly during the past 10 years:

[illegible]

List all current and prior church work involving minors in the past 10 years (list each church's name and address, telephone number, type of work performed, age of minors, supervisor, and dates):

[illegible]

List all current and prior non-church work involving minors (list each organization's name and address, telephone number, type of work performed, age of minors, and dates):

<i>Organization</i>	<i>Address</i>	<i>Telephone</i>	<i>Type of Work</i>	<i>Age of Minors</i>	<i>Supervisor</i>	<i>Dates</i>

Have you ever been asked to leave a church for any reason? ☐ Yes ☐ No

If yes, please explain: _____

Spiritual Life:

Write your personal testimony. Include details regarding your conversion experience, experience with the Holy Spirit, and experiences critical to your spiritual development journey. (Please use the back of this sheet if you need more room.)

PERSONAL REFERENCES (at least 3)

(Not former employers or relatives)

<i>NAME</i>	<i>ADDRESS</i>	<i>TELEPHONE</i>	<i>Office Use Note Date of Contact</i>

CHURCH LEADERSHIP REFERENCE'S CERTIFICATION

(To be completed by your pastor, staff member or board member)

Because of the large number of applicants, many of whom are unknown to us, it is impossible for the Northwest Ministry Network to check references on every applicant. As a result, it shall be the responsibility of each applicant's pastor, youth pastor, children's pastor, or church board member that there are no facts or allegations that raise any question concerning the applicant's suitability for working with minors. PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR, CHILDREN'S PASTOR, OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. DO NOT USE SOMEONE WHO IS RELATED TO YOU.

In regards to _____

Print Applicant's Name

(Check all that apply)

- ☐ Our church has done the state name and address check on this individual within the past 36 months. (If it has not been done the applicant will NOT be approved).
- ☐ I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity.
- ☐ I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: _____

signature

date

print name

- ☐ senior pastor
☐ youth pastor
☐ children's pastor
☐ church board member
☐ other: _____

(check one)

(Please place in sealed envelope and give back to applicant or ask applicant where it can be mailed)

THANK YOU for taking the time and effort to complete this Application. It will be prayerfully considered as we endeavor to fill volunteer and/or compensated positions involving the supervision or custody of minors to provide them with a safe and secure environment.

STATEMENT AND CONSENT TO RELEASE OF INFORMATION

In consideration of the receipt and evaluation of this Application by The Northwest Ministry Network of the Assemblies of God, I agree and represent that:

- The information contained in this Application is correct to the best of my knowledge.
- I authorize any references or any other person or organization, whether or not identified in this Application, to give you any information (including opinions) regarding my character and fitness for service. I hereby release any individual, church denominational agency or office, reference or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this Application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, except for the communication of knowingly false information. **I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (check one of the following two options):

☐ waive ☐ do not waive (if checked applicant will not be approved)

any right that I may have to inspect any information provided about me by any person or The Northwest Ministry Network of the Assemblies of God. **I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM.**

☞ **Applicant's Signature** _____ **Date** _____

Printed Name: _____

Witness _____ **Date** _____

(if applicant is a minor, the witness must be a parent or legal guardian)

If Applicable,

Applicant has a Criminal History Inquiry for the State of Washington/Idaho [circle one] dated _____, 20____, already on file with _____ [church name]. I hereby agree to the release

of that information to the NORTHWEST MINISTRY NETWORK OF THE ASSEMBLIES OF GOD. (Must be current within the past 24 months)

☞ **Applicant's Signature** _____

Date _____

Printed Name: _____