



Castro Valley First Baptist Church



AWANA MINISTRY TEAM APPLICATION

This is a **NEW** application

This is a **RENEWAL** application

PLEASE ONLY COMPLETE INFORMATION THAT HAS CHANGED SINCE YOUR LAST APPLICATION. IF YOU ARE UNSURE, PLEASE COMPLETE ENTIRE APPLICATION.

GENERAL

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET CITY ZIP

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Occupation: _____ Date of Birth: _____

Driver's License Number: _____ Expires _____

Marital Status: _____ Spouse's Name: _____

Names/Ages of Children (if any):

CHURCH BACKGROUND

It is expected that all volunteers of AWANA be involved in weekly worship and serve in their local church. Also expected is a commitment to pray and represent the ministry with appropriate godly conduct.

1. Have you come to the place in your spiritual life that, if you died today, you would know for certain where you are going? Yes No If Yes, Where? _____

If you were to die today and stood before God and He asked you, "Why should I let you into My Heaven?" What would you say? _____

2. Write a brief testimony of the circumstances when you personally accepted Christ as your Lord and Savior, including an approximate date: _____

3. What church do you currently attend? _____
years _____ Pastor's Name _____

Name: _____

4. Please list all recent work with children/youth in any non-church/church contexts:

5. Briefly share why you want to be involved in this ministry:

6. Please list all previous experience with AWANA:

POSITION / Age Group YEAR

7. What area would you like to serve in?

Circle all that apply

- | | | | | | |
|------------|----------|-------------|---------------------------|---------------------------|-------|
| Age Group: | Cubbies | K-Sparkies | 1 st -Sparkies | 2 nd -Sparkies | T & T |
| | Gametime | Verse Troop | Puppets | Awards Nite | |
| | Pit Day | Grand Prix | Admin | Tech | |

Other: _____

Would you be able to promote AWANA at your church? Yes No

Would you be able to attend a weekly prayer time before class? Yes No

Would you be able to lead the prayer time before class? Yes No

AWANA T-Shirt Size (Adult):

- Small Med Large X-Large 2X-Large

PERSONAL HISTORY

Name: _____

The questions listed below are a part of our application process in order to help provide a safe and secure environment for the children who attend our ministry. All information is held strictly confidential by the Safety Coordinator. Answering "YES" to any of the questions does not necessarily preclude your involvement in the Children's Ministries of CV First. However, you may be asked to meet with a pastor in confidence to further discuss your answers. Thank you for your understanding.

8. Have you ever been denied participation in any other youth program? Yes No
If yes, please explain: _____

9. Are there any moving violations on your driving record within the past 5 yrs? Yes No
If yes, please explain/date (approx): _____

10. Are you using prescription drugs on a regular basis that, if missed, would negatively affect your ministry performance? Yes No
If yes, please list _____

11. Have you ever gone through treatment for alcohol or drug abuse? Yes No
If yes, please generally explain: _____

12. Have you been accused, arrested, or convicted of any criminal offense? Yes No
If yes, please generally explain: _____

13. Have you ever been accused, arrested, or convicted for any sexually related crimes?
Yes No If yes, please generally explain: _____

14. Have you ever been a victim of abuse or molestation? Yes No

15. Have you had any sexual relations with a minor after you became an adult? Yes No

16. Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? Yes No
If yes, please generally explain: _____

PERSONAL REFERENCES

Name: _____

References must be at least 18 years old, not related to you, and preferably, one reference not associated with CV First Baptist Church.

** Out of courtesy, do not list references without their consent and understanding of your desire to be on this team.*

Personal Reference #1

Name: _____ E-Mail: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Relationship: _____

Personal Reference #2

Name: _____ E-Mail: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Relationship: _____

Ministry Related Reference #1

Name: _____ E-Mail: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Ministry: _____

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 CV First Baptist any information that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by CV First Baptist Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, 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. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Children/Youth Worker Policy and any other ministry related guidelines and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

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 agreement which I have read and understood.

Applicant's Signature: _____ Date: _____

Office Use Only:

Background Check Clearance Yes No Date: _____

Comments: