



# APPLICATION FOR ADULT TEAM MEMBER IN KID CITY

## CONFIDENTIAL

This screening application is to be completed by all applicants (volunteer or compensated) who are involved in the supervision or custody of minors. The purpose of this form is to help the New Day Children's Ministry provide a safe and secure environment for the infants and children who participate in our programs and use our facilities.

### GENERAL INFORMATION

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone/Text \_\_\_\_\_

Email Address for Scheduling \_\_\_\_\_

(Via Planning Center Online Services)

In Case of Emergency Contact: \_\_\_\_\_ Contact # \_\_\_\_\_

MEMBER OF NEW DAY CHRISTIAN CHURCH? \_\_\_\_\_

COMPLETED THE NEW TO NEW DAY CLASS? \_\_\_\_\_

### I can consistently serve:

Each Sunday morning:

Throughout the year \_\_\_\_\_ During School Year \_\_\_\_\_ During Summer \_\_\_\_\_

Three months on & three months off \_\_\_\_\_  
(December - February/June - Aug) **OR** (March -May/September - November)

Each Saturday night:

Throughout the year \_\_\_\_\_ During School Year \_\_\_\_\_ During Summer \_\_\_\_\_

Three months on & three months off \_\_\_\_\_  
(December - February/June - Aug) **OR** (March -May/September - November)

I am available as a substitute *also* \_\_\_\_\_

5:00PM \_\_\_\_\_ 8:00AM \_\_\_\_\_ 9:30AM \_\_\_\_\_ 11:15AM \_\_\_\_\_  
(arrive at 4:30) (arrive at 7:30) (arrive at 9:00) (arrive at 10:45)

### Areas of Children's Ministry I would serve in:

\_\_\_\_\_ Kid City Check-In \_\_\_\_\_ Elementary  
\_\_\_\_\_ Nursery  
\_\_\_\_\_ Preschool \_\_\_\_\_ Room set-up/clean-up

**PERSONAL MINISTRY INFORMATION**

1) Have you personally accepted Jesus Christ as your LORD and Savior and are you committed to following His teachings and growing in His character?

\_\_\_ Yes

\_\_\_ No

2) Tell us about your spiritual journey to date:

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3) I have chosen to work with infants/children because...

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4) If there has been alcohol, drug abuse, and physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future?

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5) Have you had previous experience in youth/children ministry and how would you describe your gifts/strengths?

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**EMPLOYMENT HISTORY**

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Position \_\_\_\_\_

**PERSONAL SITUATIONS**

1) Are you?

Single  Widowed  Divorced  Married (spouse name \_\_\_\_\_)

2) Do you have children of your own?

Yes  No Ages \_\_\_\_\_  
Gender \_\_\_\_\_

3) Have you ever been arrested, convicted or pleaded guilty to a crime:

Yes  No

If yes please explain below:

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4) Have you ever been suspected, accused, charged, or alleged to have, or have you ever committed an act of neglecting, abusing or molesting a child?

Yes  No

If yes please explain:

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5) Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children?

Yes  No

If yes please explain

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6) Have you ever been treated for a psychiatric disorder?

Yes  No

If yes please explain:

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## Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)*

I, the undersigned applicant (also known as “consumer”), authorize **New Day Christian Church** to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to New Day Christian Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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

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

### Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: \_\_\_\_\_

First

Middle

Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

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

Street /P. O. Box

City

State

Zip Code County

Dates

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

Street /P. O. Box

City

State

Zip Code County

Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

e-mail address: \_\_\_\_\_