

Minors Ministries Application

Date _____

PERSONAL INFORMATION

List any other name(s) you have been known by (maiden name, etc)	
Date of birth	
Present address	
	
City State Zip	
Email address	
Home phone Cell	
General health (Circle one): Good Fair Poor	
Do you have any communicable diseases such as TB, hepatitis, HIV, etc? YES NO If YES, please explain:	
Employer name	
Address	
For what type of minor's ministry are you presently applying?	
How long have you been attending Berean?	
(NOTE: applicants must have attended Berean for at least six months before being approved.) Name of church where you are a member	
If not a member at Berean, please give a statement of faith:	
List names/addresses of other churches you have attended regularly during the past five years and with who work with children or youth you were involved:	at type of
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What gifts, calling, training, education or other factors have prepared you to work with children or youth?	
Have you ever been the focus of an investigation concerning, an attempted sexual molestation of a minor? YES NO If YES, please explain	
Have you ever been arrested for, convicted of, or pleaded no co If YES, please explain	
Have you ever engaged in child abuse or actual or attempted so	exual molestation of a minor? YES NO
PERSONAL REFERENCES References cannot be relatives or employers, members of Berean	's pastoral staff, or Berean's Children's Ministry Director.
Name N	Name
Address Ad	dress
City/State/ZIP City/State	e/ZIP
phonep	hone
APPLICANT'S STATEMENT AND SIGNATURI The information contained in this application is correct to the be churches listed in this application to give you any information (in character and fitness for work with minors. I understand that this such references or churches from any liability for furnishing such and without malice. I waive any right that I may have to inspect application be accepted, I agree to be bound by the Constitution unscriptural conduct in the performance of my services on behawill run a criminal background check on all applicants.	est of my knowledge. I authorize any references or including opinions) that they may have regarding my sapplication will be kept strictly confidential. I release all evaluations to you provided they do so in good faith references provided on my behalf. Should my nof Berean Baptist Church and to refrain from any
Applicant signature	Date
Signature of parent or guardian if applicant is a minor	Date