



Children/Youth Ministry Volunteer Application

Please complete this application to volunteer for any position involving the supervision, teaching, or custody of minors. Information will be treated as confidential and is needed to help us provide a safe environment for children and youth who participate in our programs and use our facilities.

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

What children/youth ministries are you interested in serving in? Please check below.

- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| Sunday mornings: | Cascade Station: | Tuesday mornings: | Youth Ministries: |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Nursery | <input type="checkbox"/> Nursery | <input type="checkbox"/> High School |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Son Seekers | <input type="checkbox"/> Little Lambs | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Children's Worship | <input type="checkbox"/> Cadets | <input type="checkbox"/> Story Hour | |
| <input type="checkbox"/> King's Kids, Joyful Jewels | <input type="checkbox"/> GEMS | | |

Why do you desire to work with children/youth at Cascade Fellowship? _____

What are your gifts and talents? _____

College Age Students: Please fill out the following:

College Attending: _____ Year in college _____

Home church name (if any), city and state _____

- Member
- Regular Attender

Personal References: Please list one from Cascade Fellowship CRC and one from outside this church. Do not list relatives.

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Phone: (_____) _____ - _____

Email: _____

Email: _____

Known for how long? _____ years

Known for how long? _____ years

Nature of Association: _____

Nature of Association: _____



Screening Team: Pastor James Karsten
 Ministries Coordinator, Julie Beezhold
 Child Care & Protection Training Director, Lynn Buist
 Children's Ministry Director, Laura Brink
 Youth Director, Eric VanderWall
 Child Care & Protection Advisor, Ken Kleinheksel

*** CONFIDENTIAL ***

1. Have you ever:

- Served in children/youth work at another church before?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please list church(es), city, state, and type of work: _____

-Served in children/youth work outside the church environment before?

<input type="checkbox"/>	<input type="checkbox"/>
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Please list organization name, city, state, and type of work: _____

2. Have you ever:

-Been asked to leave a church or a ministry for any reason?

<input type="checkbox"/>	<input type="checkbox"/>
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-Sexually molested a minor?

<input type="checkbox"/>	<input type="checkbox"/>
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-Been accused of inappropriately touching a child, infant, or minor?

<input type="checkbox"/>	<input type="checkbox"/>
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-Been charged with a misdemeanor or felony?

<input type="checkbox"/>	<input type="checkbox"/>
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-Been convicted of or pleaded guilty or no contest to a misdemeanor or felony?

<input type="checkbox"/>	<input type="checkbox"/>
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NOTE: * If you have answered yes to any sections of question #2, please meet with our pastor.

**If you have ever been the victim of abuse or sexual molestation and have concerns or strong feelings about this issue, please meet with our pastor to discuss.

3. If you have been a resident of a state other than Michigan in the past 5 years, please indicate that state: _____

4. Do you have a current driver's license? ___ yes ___ no

If yes, please list the issuing state: _____ number: _____

Other Names Known By (Maiden): _____

I authorize Cascade Fellowship Christian Reformed Church to obtain criminal and personal background checks. I agree to be bound by the policies of Cascade Fellowship Christian Reformed Church and to refrain from illegal and unscriptural conduct in the performance of my services on behalf of the church. This information will be treated as confidential by the screening team.

To the best of my knowledge the information contained in this form is complete and correct.

Name (print) _____ Birthdate ___/___/___

Signature of Volunteer _____ Date ___/___/___