

## Valley Children Application & Release Form

Thank you for your interest in becoming a part of the Children's Ministry Team. Your willingness to serve in this work is a testimony to your faith and desire to serve the Lord.

Thank you for honestly giving us this sensitive information. We want you to know that the information will be kept confidential and only shared with appropriate pastoral staff when deemed necessary, *or when disclosure is mandated by law.*

Please complete all items thoroughly. If you have any questions about this form, please contact Lois Hales, Director of Children's Ministry at 673.6826 x115.

Please write legibly.

### General Information

Last Name \_\_\_\_\_ First/Middle Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ County \_\_\_\_\_ State/Country \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: married/single/engaged/separated/divorced/remarried/widowed \_\_\_\_\_

Work Status: homemaker/part-time/full-time/student \_\_\_\_\_ Occupation: \_\_\_\_\_

AKA and/or Maiden Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Children's Names & Ages \_\_\_\_\_

**Current Address** \_\_\_\_\_ Street & P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (months/years) \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Street & P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (months/years) \_\_\_\_\_



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## Church Information

How long have you regularly attended Valley?

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Are you a member?

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If you have attended Valley for less than two years, please list any previous church affiliations, including length of time attended at each.

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Please list all previous church involvement working in Children's Ministry (identify church and work).

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List any gifts, training and/or other factors that have prepared you for serving in Children's Ministry at Valley.

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## Personal Information

Have you committed to trust and follow Jesus as your personal Lord and Savior?    yes            no

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Please describe your personal spiritual journey to date:

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## Valley Children Application & Release Form

Why do you feel called to work with children?

What are your biggest concerns or fears about working in the Children's Ministry area?

What is one job or task that you hope you are never asked to do while serving in Children's Ministry?

What do you think will be your greatest rewards from working in Children's Ministries?

### Specific Details

**Please tell us where you are considering serving in Children's Ministry.  
You can circle the one(s) that interest you most.**

Behind the Scenes	P31 Girls Club
Boy's Brigade	Special Needs Ministry
Helping Hearts	Sports Camp
Library	Summer Bible Club
Mission Team	Weekend Communities
Missions Expo Camp	Welcome Team
Nursery ages birth - two	Young Explorers
Other areas:	

**Have you spoken to anyone about serving in Children's Ministry?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ If so who?**

Lois Hales, Children's Ministry Director  
Patsy Webb, Associate Children's Ministry Director  
Mary Swank, Nursery & Childcare Coordinator

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### References

Please list three people who have known you for at least one year who would be able to attest to your character and to your ability to work with children.

1. Name \_\_\_\_\_ Length of time known \_\_\_\_\_ Nature of association \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

2. Name \_\_\_\_\_ Length of time known \_\_\_\_\_ Nature of association \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

3. Name \_\_\_\_\_ Length of time known \_\_\_\_\_ Nature of association \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Applicant's Statement

The information contained in this application is correct to the best of my knowledge. Yes\_\_\_ No\_\_\_

I have attached a copy of my driver's license to this application. Yes\_\_\_ No\_\_\_

I have read and agree with Valley's Statement of Faith. Yes\_\_\_ No\_\_\_

Should my application be accepted, I agree to be bound by the policies and procedures of Valley Children's Ministry. Yes\_\_\_ No\_\_\_

In connection with my application to serve as a volunteer in the ministries of Valley Community Baptist Church ("VCBC"), I authorize Valley and, or, Intellicorp, their agent, to solicit background information relative to my identity, to any criminal record history and to my suitability for serving in a position of trust. I understand that Valley may conduct inquiries into my background that may include criminal records, personal references and other records and reports pertaining to me.

**I authorize without reservation, any person, agency, or other entity contacted by Valley or Intellicorp, their agent for purposes of obtaining background report information, to furnish the above-mentioned information.**

I release Valley and/or Intellicorp and their respective employees and all persons, agencies and entities providing information and reports about me from any and all liability arising out of furnishing any such information or reports, whether arising from their negligence or otherwise.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_