



# Children's Ministry

## Teacher/Leadership Application

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you a member at Grace Community Church?  Yes  No If yes, for how long? \_\_\_\_\_

Are you able to attend a Home Bible Study group?  Yes  No If yes, which one? \_\_\_\_\_

Who can we contact as a reference (other than family members)? \_\_\_\_\_

Would you be willing to complete a background check?  Yes  No (If yes, please pick up a form in the church office.)

### MINISTRY EXPERIENCE

Please describe any prior experience teaching or working with children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any other ministries in which you have served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MINISTRY INTEREST	STAFF USE ONLY
<p>(Please check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AWANA</li> <li><input type="checkbox"/> Sunday School: Ages 3-4</li> <li><input type="checkbox"/> Sunday School: Ages 4-K</li> <li><input type="checkbox"/> Sunday School: Grades 1-3</li> <li><input type="checkbox"/> Sunday School: Grades 4-5</li> <li><input type="checkbox"/> Children's Church: Age 3-K</li> <li><input type="checkbox"/> Children's Church: Grades 1-3</li> </ul>	<p>Elder Approval: _____</p> <p>Comments: _____</p> <p>_____</p> <p>Pastor Approval: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>

**CHRISTIAN BACKGROUND**

Please explain how you came to know Christ as Savior and Lord: \_\_\_\_\_  
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\_\_\_\_\_

Have you read our *Statement of Faith* and *Bylaws of Grace Community Church*?  Yes  No

If so, do you understand and agree with these?  Yes  No

If there are any areas of misunderstanding or disagreement, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your personal goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to learn and accomplish through your service in the Children's Ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you think the Lord has gifted you to serve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_