



FAMILY MINISTRY LEADER VOLUNTEER APPLICATION

Complete this application and return to the Children's Ministry Office or by mail to 7000 W. Stones Crossing Road, Greenwood, IN 46143. **PLEASE PRINT *****

PERSONAL	Last Name _____ First _____ Middle _____
	Address _____
	City _____ Zip _____ Email _____
	Phone – Home _____ Work _____ Mobile _____
	Single ___ Married ___ Divorced ___ Children: Yes ___ No ___ What ages? _____
	Present Employment _____ Date of Birth _____
	Social Security # _____ Driver's License # _____

MINISTRY	Are you a member of Stones Crossing Church? Yes _____ No _____
	How long have you attended SCC? _____
	When did you accept Jesus Christ as your personal Lord & Savior? _____
	List any previous work involving children, youth or church ministry _____ _____
	Please list any areas of ministry you are currently involved with at SCC: _____

POLICY - PROCEDURES	Because of recent developments in our country and our desire to protect children and His church from harm, we are required to seek the following information:
	a) Have you ever been accused or convicted of any crime involving child abuse, neglect, or any other crime involving a child or minor? Yes _____ No _____ (Include misdemeanors) _____ _____
	b) Have you ever been convicted of any criminal act? Yes _____ No _____ If so, describe _____
	Please list three personal references, excluding relatives:
	a) Name _____ Phone _____ <input type="checkbox"/>
	Complete Address _____
	b) Name _____ Phone _____ <input type="checkbox"/>
	Complete Address _____
	c) Name _____ Phone _____ <input type="checkbox"/>
	Complete Address _____

COMMITMENT

As a volunteer in Family Ministry, I commit to all of the following:

- a) I will arrive no later than 20 minutes before service and be prepared for my ministry.
- b) I will be a Christian example for the children, parents and other volunteers.
- c) I will support other volunteers and their ministries through my attitudes and actions.
- d) I will attend ALL training meetings for the Family Ministry area in which I serve.

I have received and **will read** the Stones Crossing Policies and I agree to operate under the authority of its guidelines. Initial _____

Applicant's Statement

- The information contained in this application is true and complete to the best of my knowledge. I authorize any references in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children.
- I am aware that a criminal history record check may be made on any volunteers serving in the Family Ministry.
- I hereby authorize the Indiana Bureau of Investigation to search their records for arrests or other information they may have regarding me and to release such information to Stones Crossing Church for their consideration in determining if I qualify for participation in the various ministries involving minors (under the age of 18). I release the Indiana Bureau of Investigation from any liability or damages resulting from the release of this information

(Applicant's Signature)

(Date)

STAFF USE ONLY

Reference Background Team Roster Policy-Procedures ACS

Name Tag Schedule Follow Up