



Children's Ministries

Potential Volunteer Ministry Partners,

We are so glad you are interested in working with children at Mission Hills Church. The children's ministry at Mission Hills Church is going to be called "The Great Adventure". We are committed to take kids on a Great Adventure to learn about Jesus, tell others about Jesus and to serve Jesus. We are looking for men and women who have a commitment to Christ and a desire to care for kids.

Once you have completed your application, one of us will contact you to schedule an appointment. All information will be kept strictly confidential.

Children's Ministry is a great way to invest your time and serve the Lord.

With great thanks,

Peggy Bruecker
Director of Children's Ministries
Mission Hills Church
760-759-2242 Office
email pbruecker@missionhillschurch.org

Loving God, Serving People, Changing Lives

CHILDREN'S MINISTRY PARTNER APPLICATION

This application must be completed by all persons desiring a ministry position (paid or volunteer) involving the supervision or custody of minors (under 18 years of age). It is being used to help us provide a safe and secure environment for those children/youth who participate in our activities and/or use the church facilities. This information will be kept **strictly confidential**.

Name: _____ Date: _____

Which age group would you like to work with: (Please circle)

Nursery Early Childhood Elementary

What Position (i.e. teacher, music, helper, secretary, games, etc.)? _____

Do you possess a teachable spirit and willingness to accept instruction from those in leadership?

Yes ____ No ____

Do you believe that God has given you talents and abilities to work with children?

Yes ____ No ____ Not certain ____

CHURCH ACTIVITY:

1. Please list the churches and dates you attended for more than six months.

2. What leadership experiences have you had? (*Sunday School teacher, etc.*)

Position _____ Supervisor _____

Name of Church _____

Position _____ Supervisor _____

Name of Church _____

3. Please list any training or experience which would help qualify you for work in the position you are seeking.

NOTE: A "yes" answer to any of the following questions does not necessarily disqualify you from a position of service at Mission Hills Church.

Have you ever been convicted of any of the following? (Y/N)

___ Use or distribution of illegal drugs?

___ A felony?

___ Child abuse, sexual abuse, or any other crime in which a child was the victim?

___ Any sexually related crime?

___ Any abuse/neglect related actions?

___ If yes to any of these, please explain.

Are there any circumstances involving your lifestyle or your background that the Pastor/Elder Board could question your being entrusted with the care of young people?

If yes, explain _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches or other organizations listed in this application to give you any information they may have regarding my character and fitness for children/youth work, and I release all such references from liability or any damage that may result from furnishing such evaluations to Mission Hills Church. I understand that a criminal background check will be submitted. I release Mission Hills Church from all liability and damages that may occur from the results of this information. I understand that personal information will be held confidential by the professional church staff.

Should my application be accepted, I agree to be bound by the Articles and Bylaws and Policies of Mission Hills Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that the personal information will be **CONFIDENTIAL**.

Applicant's signature _____ Date _____

Interviewed by _____ Date _____



Photo & Video Release Form

All rights in connection with my participation in one or more of the following project(s):

Church promotional materials including (but not limited to): brochures/flyers, worship folder, or other MHC newsletter(s), annual reports; the MHC web site; video/PowerPoint in the services; etc.

are hereby granted to Mission Hills Church (MHC) and its associated churches. I hereby waive the right to any fees or control of the aforementioned project(s), now or in the future, and I grant full permission for the use of my name, likeness, performance, and picture/portrait for the purpose of promoting the programs or events of the church(es).

Name

Signature (or Parent's Signature if a Child)

Address _____

City _____

State _____

Zip _____

Phone _____



NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Mission Hills Church by and through its independent contractor, KROLL BACKGROUND AMERICA, INC. ("KBA"), to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment and volunteering with Mission Hills Church for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications (to include GPA); personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Mission Hills Church by and through KBA, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to KBA, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 168 let, seq.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname) _____

YEARS USED _____

Current Address

Street/P. O. Box City State Zip Code County Dates

Former Address:

Street/P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: ___ *Date of Birth: _____ *Gender

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.