

HCC CHILDREN'S MINISTRY APPLICATION-2007

The information contained in this application will be kept confidential and will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for/in Heartland Community Church, or as required by law.

Name _____ Maiden Name _____

Address _____

City _____ State _____ Zip _____

E-mail address _____ Social Security Number _____

Home Phone() _____ Work Phone() _____

Date of Birth _____ Place of Birth _____

Driver's License Number _____ State _____

Tell us about your spiritual journey:

**Have you ever been convicted of any offense against the law?
(You may omit minor traffic violations.) If yes, please explain.**

_____ Yes _____ No

Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing or molesting a child? If yes, please explain in detail, providing the date and place of the incident.

_____ Yes _____ No

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? If yes, please explain.

_____ Yes _____ No

If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future?

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve as a leader of minors or would compromise the leadership of Heartland Community Church?

___ Yes ___ No ___ Uncertain If yes or uncertain please explain.

PERSONAL REFERENCES

List the name and addresses of two people who are not related to you who have a definite knowledge of your character and your qualifications to work with children. Please complete all contact info.

1. Name _____ Address _____

City _____ State _____ Zip _____

Phone() _____ Occupation _____

E-mail _____

Length of Time Known _____ Nature of Association _____

2. Name _____ Address _____

City _____ State _____ Zip _____

Phone() _____ Occupation _____

E-mail _____

Length of Time Known _____ Nature of Association _____

AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character and my fitness for children/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

I agree to be bound by the policies of Heartland Community Church and I will conduct myself in a manner that is appropriate for a church setting. I acknowledge that these policies and applications do not constitute a contract between the church and myself, and that HCC is not responsible for the individual acts of any worker.

I am giving my authorization to Heartland Community Church or its representatives to verify the information on this form. Heartland may contact my references and appropriate government agencies.

Signature _____ Date _____