**New Life Fellowship**



**Children’s Ministry**

**Volunteer Application**



201 E Sublett Rd

Arlington, TX 76018

Phone: 817-469-8224

[NLKids@nlifefellowship.org](mailto:kidzlife@nlifefellowship.org)

**Children’s Ministry Volunteer Application**

*This application is to be completed by all volunteers desiring a ministry position with New Life Fellowship involving the supervision of minors. It must be completed before volunteers will be permitted to work with children. It is being used to help us provide a safe and secure environment for the children who participate in our programs and use our facilities. All information will be kept completely confidential. If you have any questions or need assistance, please do not hesitate to call or e-mail us.*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How long at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If less than five years, give previous address:

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

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_ Are you over the age of 18 years of age? ☐ Yes ☐ No

Marital Status \_\_\_\_\_\_\_\_ Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of children \_\_\_\_\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Info:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Employment:**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (circle one)

Full Time Part time

Description of your position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** *Please circle the highest grade level completed*

High School | College – 2 years | College – 4 years | Graduate School

**Hobbies and Interests**

How do you like to spend your free time? What do you do for fun? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Let us get to know you!** (We want to know more about you, so please take your time in answering the following questions.)

Have you personally accepted Jesus Christ as your Lord and Savior? ☐ Yes ☐ No

When and how did you become a Christian? List any circumstances and/or people that influenced you to make this decision. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What leadership/ volunteer experience do you have working with children? List any gifts, training, education or other factors that have prepared you to work with children

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List reasons why you would like to join the NLKids team.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you served in another ministry at New Life Fellowship? ☐ Yes ☐ No (If yes, please list)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been attending New Life Fellowship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend weekly services regularly? ☐ Yes ☐ No

Do you have a spiritual accountability partner? ☐ Yes ☐ No

Are you open to greater spiritual accountability? ☐ Yes ☐ No

**Reference*s: Please list at least two personal or professional references below (e.g., employer, co-worker, professor, teacher, neighbor, friend, or previous pastor – no family members please) and provide contact information for each. References are confidential.***

**Reference #1**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your Relationship to this Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you know this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference #2**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Your Relationship to this Reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you know this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Background Information: In caring for children we believe that it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions honestly. Leaving a question blank will not disqualify you from serving in the Children’s ministries. If you prefer to talk to someone in person about any question in this section, please indicate this somewhere on the sheet.***

Have you at any time during the past five years used illegal drugs or other illegal controlled substances?

☐ Yes ☐ No ☐ Occasionally

Have you at any time during the past five years been intoxicated or otherwise misused any alcoholic beverages? ☐ Yes ☐ No ☐ Occasionally

Have you ever been ticketed for reckless driving or driving under the influence?

☐ Yes ☐ No (if yes, please explain –attach a separate page if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been treated for any type of psychiatric disorder?

☐ Yes ☐ No (if yes, please explain –attach a separate page if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of or pled guilty to, or are charges pending concerning any crime or misdemeanor involving actual or attempted child abuse, neglect or molestation?

☐ Yes ☐ No (if yes, please explain –attach a separate page if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?

☐ Yes ☐ No (if yes, please explain –attach a separate page if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been the subject of a civil lawsuit, or an investigation or allegation of, sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children?

☐ Yes ☐ No (if yes, please explain –attach a separate page if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever abused a minor or engaged in the any of following types of abuse, physical, sexual, emotional or neglect? ☐ Yes ☐ No (if yes, please explain –attach a separate page if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an ongoing or habitual struggle with viewing pornography or pornographic materials of any type? ☐ Yes ☐ No (If you prefer, you may discuss your answer in confidence rather than answering it on this form.)

Were you a victim of abuse or molestation while a minor? ☐ Yes ☐ No (If you prefer, you may discuss your answer in confidence rather than answering it on this form.)

Is there any circumstance or pattern in your life that may be relevant to assessing your fitness for working with children or youth or would compromise the integrity of New Life Fellowship Church? Is there anything else you feel that we need to know about you?

☐ Yes ☐ No (if yes, please explain –attach a separate page if necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND INQUIRY RELEASE**

READ CAREFULLY: The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to New Life Fellowship or its representatives to release any and all records or information relating to the volunteer children ministry team. I also understand that the personal information will be held confidential by New Life Fellowship leadership.

I hereby acknowledge and agree that *New Life Fellowship, its agents or representatives*, SHALL NOT BE LIABLE for the use of inaccurate or incomplete information provided to them by any investigative firm or authorized agent with which *NLF* contracts or subcontracts in connection with this release. Additionally, any investigative firm or authorized agent SHALL NOT BE LIABLE for gathering or use of inaccurate or incomplete information in connection with this release.

* I authorize without reservation, the Custodians of Records and other sources of information pertaining to me to release any and all records and information upon presentation of this signed release.
* I hereby waive any privilege which may exist with regard to such records and express my desire that the investigator be given full and complete access to any records, without the custodian obtaining further consent from me.
* I understand that the information obtained by *New Life Fellowship* pursuant to this release is confidential and will be protected as much as reasonably possible. I understand that my employment or volunteer position with *NLF* is conditional upon acceptable results of the background inquiry as determined by *NLF*. I also understand that matters appearing on the background inquiry will not necessarily disqualify me from employment or a volunteer position with *NLF*.
* I further agree that a reproduced copy of this Release shall have the same force and effect as the original. This authorization is valid for the entire period of my, volunteer service or contract with *New Life Fellowship*.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Application Checklist**

**For Office Use Only:**

**Applicant Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orientation Date:** \_\_\_\_\_\_\_\_\_ **Application Completion Date:** \_\_\_\_\_\_\_\_\_\_\_

**Background Check Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference Check: (Notes and Date completed)**

* 1st Reference Completion Date \_\_\_\_\_\_\_\_\_  
  Notes:
* 2nd Reference Completion Date \_\_\_\_\_\_\_\_\_  
  Notes:

**Department Assignment**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Leader**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Leader**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Notes:**