



Springview Community Church
12881 Andersonville Rd.
Davisburg MI 48350
(248)634-9225

Children/Youth Ministry Volunteer Application

Personal Information

Full Name: _____ Birth Date m/d/y: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Ministry you want to work in: _____

1. Do you have children? YES NO 4. Have you worked in this type of ministry before? YES NO

2. Have you trusted Christ as your Savior? YES NO 4a. If yes, when? _____

3. Are you a member of SCC? YES NO 4b. Where? _____

3a. If no, explain your connection: _____

Ministry Experience

List previous church work involving youth: _____

List any gifts, training, education, or other factors that have prepared you to work with children: _____

If you are currently serving in a ministry at SCC, please list your ministry area(s) and responsibility(s):

Application continues on the back.

References

Please list 3 references, if possible, please list at least one employer and one non-related personal reference.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Applicant Acknowledgment and Pledge

I understand that any person wishing to volunteer in any ministry that works with minors (in any capacity) is required to submit this application, submit to a background check (Jr. volunteers excluded) and allow references to be checked.

Please list any information you would like us to know before processing a background check and references:

Comments: _____

The information contained in this application is correct to the best of my knowledge. I authorize SCC to check my references and to seek pertinent information (including opinions) regarding my character and fitness for ministry to children.

I authorize the release of all information which pertains to any record of convictions or criminal activity maintained on me whether local, state or federal. I hereby release SCC from all liability resulting in such disclosure. I understand and authorize the periodic rechecking of my information as long as I continue to work with children in this ministry.

Signature: _____ Date: _____

If you are under the age of 18, parental consent is required:

Parent/Guardian Signature: _____ Date: _____

For Administrator's Use Only

Reference Check Completed by: _____ Date: _____

Background Check Performed: _____ Additional steps needed/taken: _____

Comments: _____