

Central Ministries, Inc.

Kid Central Team Application

Name:

Date of birth:

Daytime telephone:

Address:

In which role(s) do you want to become involved?

Do you have any experience related to this role? If so, please describe:

What skills would you bring to the team?

What other work or volunteer experience do you have? (Please list)

Organization	Program	Dates	Contact (if applicable)
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Have you ever:

Been accused, arrested, or convicted of any crime?	Yes	No
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Been investigated by a state agency for misconduct?	Yes	No
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Had any life experiences that may hinder you from a productive ministry with children?	Yes	No
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If yes, would you like to meet with a pastor about this experience?	Yes	No
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Are you aware of any reason why you should not serve on this team?	Yes	No
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If the answer to any of these questions is "yes," please attach additional pages and explain in detail:

Kid Central Team Application (*continued*)

Church Activity

What church or churches have you attended in the past five years?

Church Name and City/State	Pastor's Name	Years Attended
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References (other than relatives). Please provide at least two (if possible, a pastor or volunteer in the church).

Name/Relationship	Address	Phone
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Verification and Release

I recognize that Central Ministries, Inc. is relying on the accuracy of the information I provide on this application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the people assigned to my care or supervision at all times.

Printed Name:

Signature:

Date: