CROSSROADS STAFF APPLICATION

CHILDREN'S PASTOR

Personal Information

Name: _____ Home Phone: _____ Cell Phone: _____

Occupation: _____ Birthdate: _____

Address: _____ City: _____ State: ____ Zip: _____

How long at present address?: _____

If less than 5 years, please give previous address and length of residence there:

Address: _____ City: _____ State: ____ Zip: _____

From (Date): _____ To (Date): _____

Address: _____ City: _____ State: ____ Zip: _____

From (Date): _____ To (Date): _____

Church Information

How long have you been a Christian?: _____

What church are you currently attending?: _____

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

Church: _____ City: _____ State: ____ Years Attended: ____

Ministry Involvement: _____

Church: _____ City: _____ State: ____ Years Attended: ____

Ministry Involvement: _____

Church: _____ City: _____ State: ____ Years Attended: ____

Ministry Involvement: _____

Besides Children's Ministry, are there any other ministries you are interested in serving?:

_____

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Legal Information

Have you ever been convicted of a criminal offense (excluding minor traffic violations)?

_____ Yes _____ No

Have you ever engaged in, or been accused of, any act of molestation, exploitation, or abuse?

_____ Yes _____ No

Within the past 90 days have you abused alcohol or legal drugs, or used any illegal drugs?

_____ Yes _____ No

Is there any fact, circumstance, or pattern involving your background that would make it inappropriate for you to serve with minors or would compromise the integrity of the church?

_____ Yes _____ No

If the answer to any of these questions is "Yes", please explain in detail:

_____

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Medical Information

Do you have any physical conditions that might limit your ability to work with others?

_____ Yes _____ No

Are you currently taking any medications that could affect your ministry?

_____ Yes _____ No

Do you have any medical condition others might be exposed to due to its contagious nature?

_____ Yes _____ No

If you have answered "Yes" to any of these questions, please explain below:

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Personal References

References must be people you have been acquainted with for the past 3yrs, and not relatives.

Personal Reference #1

Name: ______________________________ Phone: __________________ Relation: _____________

Address: _________________________________ City: ____________ State: _____ Zip: __________

Personal Reference #2

Name: ______________________________ Phone: __________________ Relation: _____________

Address: _________________________________ City: ____________ State: _____ Zip: __________

Statement of Faith

I have accepted Jesus Christ as my Lord and Savior and am committed to growing and displaying His character through my life.

Photo Release

I consent to the use of my name, likeness and speech in any audio, film or photograph captured and produced for the church during my time serving with Crossroads.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give you any information (including opinions) that they have regarding my character and fitness for ministry, specifically with minors. I authorize the release of the information contained in this application to any individuals who make decisions about placing applicants in available positions. In consideration of the receipt and evaluation of this application by Crossroads, I hereby release Crossroads and any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive the right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.**

Applicants Signature: ____ Date: ______________________

- -

Office Use Only

Candidate Approved to work with Crossroads Ministries: _____ Y _____ N

Signature: ____ Date: ______________________

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BACKGROUND CHECK AUTHORIZATION

Important: Every applicant, regardless of criminal record must complete this section

Full Name

First: _____ Middle: _____ Last: _____

Have you ever used or worked under another name? If so please list:

_____

Date of Birth (mm/dd/yyyy): _____ Race: _____ Male _____ Female _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

SSN: _____ Driver's License #: _____ State: ____

Criminal History

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Applicant's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

CHILDREN'S PASTOR QUESTIONNAIRE

CROSSROADS CHRISTIAN FELLOWSHIP

Spiritual Questions

How is your walk with the Lord?

In this season, what do you feel God is teaching you?

Crossroads
christian fellowship

Tell us about your heart for Children's Ministry

Share with us a time you had a vision for something and how it multiplied.

Crossroads
christian fellowship

Please share a ministry hurtle you faced and how you overcame it.

Tell us about the last time you led someone to the Lord.