



# CHILDREN'S MINISTRY LEADER APPLICATION FORM (18 AND OLDER)

Cornerstone Baptist Church

Thank you for your interest in getting "plugged in" to children's ministry! The application process involves 1) filling out this application, 2) reference checks, 3) and a background check.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ If less than two years, give previous address and how long.

Male  Female Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone#: (\_\_\_\_) \_\_\_\_\_

Cell/Pager #: (\_\_\_\_) \_\_\_\_\_ Work Phone#: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_ Number of children: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ # of years: \_\_\_\_\_

Please write out a brief personal testimony of how you came to Christ, your baptism, and how the Lord is working in your life today.

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How long have you attended Cornerstone? \_\_\_\_\_ Are you a member? \_\_\_\_\_

Please check if you have attended the following:

Discovering God's People  Discovering God's Power  Discovering God's Plan

Do you have previous experience working with children? If so, in what capacity? \_\_\_\_\_

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In what ministries have you served at church? (if different from above) \_\_\_\_\_

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Please complete flip side →

Please list your previous church(es), if any. \_\_\_\_\_

What are some special hobbies, skills, or interests you have? \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

In what area of children's ministry are you interested in serving? \_\_\_\_\_

On **which day(s)** and at **what time(s)** would you be available to serve? \_\_\_\_\_

**PERSONAL REFERENCES:**

Please list three references who **know you well, are 21 or older, and are NOT related to you.**  
Please provide a professional reference and/or a ministry-related reference.

Name: _____	Relationship: _____
Address: _____	_____
Street	City State Zip
Phone #: _____	Email: _____
<b>Comments (Staff Use):</b> _____	
Name: _____	Relationship: _____
Address: _____	_____
Street	City State Zip
Phone #: _____	Email: _____
<b>Comments (Staff Use):</b> _____	
Name: _____	Relationship: _____
Address: _____	_____
Street	City State Zip
Phone #: _____	Email: _____
<b>Comments (Staff Use):</b> _____	

**Have you ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct?**    Yes    No

**APPLICANT'S STATEMENT:**

I hereby authorize Cornerstone Baptist Church to verify all information contained in this application. I release all such persons or entities from liability that may result or arise from Cornerstone Baptist Church's consideration of my application. I understand this information will be kept confidential. I give permission for Cornerstone Baptist Church to run a background check on me.

I understand that serving in the children's ministry means that I exemplify a good example by representing Christ in all areas of my life in and out of church. I agree to follow all of the policies and procedures that are set in place.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Please slide this application under Brien's locked office door. You will be contacted soon. Thanks!**