

**APPLICATION FOR SERVING  
NURSERY/CHILDREN/YOUTH MINISTRY  
ANY BAPTIST CHURCH**

**PURPOSE**

This application is to be completed by all volunteer applicants for a position involving the care or supervision of youth (newborn through age 18). The Church has an obligation to provide as secure an environment as possible for the children and youth who participate in our programs.

The Church shall use its best efforts to maintain confidentiality. Any question of a sensitive nature may be discussed with the Pastor, prior to completing the application.

**A. BASIC INFORMATION**

NAME: Last Name \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Telephone number(home) \_\_\_\_\_

**B. MINISTRY**

Which areas of youth ministry are you interested in serving? Please check all appropriate ones.

**Teaching**

\_\_\_ Preschool  
\_\_\_ Jr-K & K  
\_\_\_ grades 1-3  
\_\_\_ grades 4-6  
\_\_\_ grades 7-8  
\_\_\_ high school  
\_\_\_ clubs, groups

**Helping**

\_\_\_ Nursery  
\_\_\_ Preschool  
\_\_\_ Jr-K & K  
\_\_\_ grades 1-3  
\_\_\_ grades 4-6  
\_\_\_ grades 7-8  
\_\_\_ high school  
\_\_\_ clubs, groups

Why do you want to volunteer in this area?

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

Are you willing to attend seminars/workshops that would assist with child ministry?

\_\_\_\_\_

**C. EXPERIENCE**

What previous experience/training have you had in children/youth ministry? Be specific.

**D. PERSONAL DATA**

Are there any conditions or personal circumstances that would hinder you from performing certain types of activities? (e.g. allergies, asthma, fainting, seizures, lifting limitations)

What is your current Membership or Adherent status in the Church?

Member of Any Baptist Church \_\_\_\_\_

Adherent of Any Baptist Church \_\_\_\_\_

Member of \_\_\_\_\_ Church \_\_\_\_\_

Other (specify) \_\_\_\_\_

(SEE REVERSE SIDE)

**PERSONAL DATA CONTINUED**

List of special gifts or talents. (i.e. music, drama, art, etc.)

**E. REFERENCES**

List two persons not related to you who can comment on your suitability for this ministry.

NAME	ADDRESS	PHONE	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List previous experience with Churches and/or Organizations involving children.

CHURCH/ORGANIZATION	ADDRESS & PHONE	DESCRIBE POSITION	YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**F. OTHER**

If required by Any Baptist Church, are you prepared, at the expense of the Church, to provide a Police Check Report? \_\_\_\_\_ If not, is there a particular reason?

**OTHER INFORMATION AND COMMENTS**

To the best of my knowledge, the information I have provided is true and correct. I authorize any Person, Church or Organization named herein to release to Any Baptist Church any information they may have which will assist Any Baptist Church in evaluating my suitability as a worker with youth ministry activities. I also acknowledge I am not entitled to a copy of such information.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**REFERENCE FOLLOW-UP  
ANY BAPTIST CHURCH**

1. NAME OF APPLICANT \_\_\_\_\_
2. NAME OF REFERENCE CONTACTED (identify the organization and the person if applicable)
3. DATE OF CONTACT \_\_\_\_\_ TIME OF CONTACT \_\_\_\_\_
4. METHOD OF CONTACT \_\_\_\_\_  
(i.e. telephone, letter, face-to-face)
5. RELATIONSHIP OF REFERENCE TO APPLICANT (i.e. employer) \_\_\_\_\_
6. HOW MANY YEARS HAS REFERENCE KNOWN APPLICANT- \_\_\_\_\_ YEARS
7. DO YOU HAVE ANY CONCERNS RELATING TO THIS PERSON BEING INVOLVED IN THIS MINISTRY?
  
8. WHAT CHARACTERISTICS WOULD ENABLE THIS PERSON TO FULFILL THIS POSITION?
  
9. ADDITIONAL COMMENTS REGARDING THE SUITABILITY OF THIS PERSON FOR THIS MINISTRY.
  
  
  
  
  
  
  
  
  
  
10. NAME OF PERSON PERFORMING THE REFERENCE CHECK: \_\_\_\_\_  
(please print)
  
  
- SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INCIDENT INVESTIGATION REPORT**  
**ANY BAPTIST CHURCH**

NAME OF INJURED \_\_\_\_\_ DATE OF ACCIDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_ AM/PM \_\_\_\_\_

\_\_\_\_\_ APPROX. AGE \_\_\_\_\_ MALE FEMALE

TELEPHONE NUMBER \_\_\_\_\_ ON MEDICATION YES NO UNKNOWN

**DESCRIPTION OF ACCIDENT**

**TYPE OF ACCIDENT:** PROPERTY DAMAGE BODY INDJURY OTHER

SLIP FALL TRIP OTHER

**EXACT LOCATION:** (be specific) \_\_\_\_\_

\_\_\_\_\_

**DESCRIBE INJURY/DAMAGE:** \_\_\_\_\_

**WEATHER CONDITIONS:** SNOW/ICE SLUSH RAIN FOG CLEAR BRIGHT SUN

EXTREME COLD OTHER (specify) \_\_\_\_\_

**ACTION TAKEN**

**WAS FIRST AID PROVIDED?** YES NO IF YES, BY WHOM \_\_\_\_\_

**DESCRIBE FIRST AID GIVEN:** \_\_\_\_\_

**WAS MEDICAL/POLICE ASSISTANCE REQUESTED?** YES NO IF YES PROVIDE DETAILS:

**WAS INJURED PERSON TRANSPORTED TO HOSPITAL?** YES NO IF YES, GIVE DETAILS  
(i.e. how, where, when):

**DID INJURED PERSON REFUSE ASSISTANCE?** YES NO

**COMMENTS MADE BY INJURED PERSON INVOLVED:** \_\_\_\_\_

WAS INJURED PERSON TAKEN HOME?  YES  NO

WAS INJURED PERSON LEFT:  ALONE  WITH FAMILY MEMBERS

**WITNESSES:**

NAME: \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

**FIRST PERSON TO ASSIST WITH ACCIDENT**

NAME: \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COMMENTS:

REPORT COMPLETED BY: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*  
SPACE PROVIDED FOR COMMENTS BY CHURCH LEADERSHIP FOLLOW-UP ONLY