

ECC Teen Ministry: Volunteer Application

Thanks for considering such a high call! There is no greater investment than pouring your life into that of a child. That's not just our opinion- research confirms what the Bible's taught all along... "Start children off on the way they should go, and even when they are old they will not turn from it." -Proverbs 22:6 (TNIV)

At ECC, we won't entrust the most precious, impressionable, and vulnerable members of our community to just anyone. Please don't take offense at any of the questions or requests below. We ask the same questions and make the same requests to everyone who expresses interest in caring for our kids (including those on staff). It's all part of creating a safe, fun, and spiritually sound experience for our kids & teens.

BASIC INFORMATION: (Please Print)

Date of Application: _____ / _____ / _____

Name: _____ Birth date: _____ / _____ / _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

REFERENCES:

Is there currently anyone at ECC (on staff or volunteering) that can serve as a reference for you? If so, please provide their name(s) and phone number(s).

Name: _____ Phone #: _____

Name: _____ Phone #: _____

If you do not have any references from ECC, please provide at least 2 people we could contact as personal character references for you.

Name: _____ Phone #: _____

Relationship to you: _____

Name: _____ Phone #: _____

Relationship to you: _____

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PLEASE RESPOND TO THE FOLLOWING:

Briefly describe your personal relationship with God:

Describe any past experience you have had with teens or volunteering in a teen ministry:

Describe any relevant gifts, passions, abilities or skills that you have:

Describe any significant life experiences that may impact your ministry to others:

Are you willing to stay within the guidelines that the ECC Teen's Ministry Team will provide for leading/teaching and conduct? (Circle one)

Yes

No

If no, please explain:

VOLUNTEER APPLICATION: PROGRAM DESCRIPTIONS

Join us Wednesday nights from 6:15 – 8:30 pm as students make new friends, to go deeper with God, and to have lots of fun in the process. Most nights leaders meet from 6:15 – 6:45, and kids programming starts at 7:00. Most weeks we hang out for the first 15 minutes then the Middle Schoolers and High Schoolers split up for discussions that apply Biblical principles to real life.

We meet at Gospel Hill Camp (580 Hwy 96 West in Shoreview) most Wednesdays during the School Year. It's just a few blocks east of the Shoreview Community Center on the opposite side of the road. Look for the sign that says "Ministry Center".

INTEREST AND AVAILABILITY:

- PREFERRED ROLL:**
- SMALL GROUP LEADER
 - REGISTRATION TABLE
 - SET UP/TAKE DOWN

- PREFERRED AGE GROUP:**
- Middle School
 - High School
 - Any of the above

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Legal Information:

All of the following information will be kept strictly confidential. Answering "yes" to any of the questions may not automatically preclude your involvement in ECC Teen Ministry.

1. Have you ever committed, convicted or not, crimes against children, including verbal, sexual and/or physical abuse?

Please circle: Yes No

2. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connections with a criminal charge. If you have been convicted of such an offense, please attach a statement of explanation, including nature of the offense, date, court where the conviction was entered, and any other relevant information.

Please circle: Yes No

3. Have you ever been arrested for or charged with a sexual offense, offense related with children, or crime of violence? If you have been convicted of such an offense, please attach a statement of explanation, including nature of the offense, date, court where the conviction was entered, and any other relevant information.

Please circle: Yes No

4. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? If so, provide a description of the circumstances and name and address of the entity receiving the report.

Please circle: Yes No

Authorization and Signature:

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Emmanuel Covenant Church for the purpose of being a volunteer with this agency. I hereby release all persons, companies or corporations furnishing such information for liability and responsibility.

The responses I have provided in completing this application are complete, truthful, and accurate.

Applicant's full name (including middle): _____

Applicant's signature: _____ Date: _____

All Applicants' prior names (maiden, alias, and former). Please print in the space below.
