

# CFC KIDZ North

## Parent Partnership Program Application

*We appreciate your interest in being a part of our Children's Ministry volunteer team at Christian Faith Center. This application will be asking some very personal and private questions. It is our intention to find out more about the people that we are entrusting with minors. The information contained in this application will be treated with the utmost of confidentiality and respect. At all times applications will be in a locked file cabinet located in a locked office. No one will have access without proper authorization.*

*The questions contained herein are not designed to offend or to pass judgment, but rather create an environment where a person's past will not hinder the ministry in carrying out their mission in a safe, fun and productive way. If you must answer affirmatively to any of the questions please be assured that this does not necessarily preclude you from ever serving with the Children's Ministry.*

### **General Information**

Application Date: \_\_\_\_\_

Name First: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you:    Single            Married            Separated            Divorced            Widowed

Do you have children (how many and their ages): \_\_\_\_\_

Which service would you like to serve at: Sun. 9:30am 11:45am    or    Wed. 7:00pm

### **Background Information**

1. How long have you attended Christian Faith Center? \_\_\_\_\_
2. Have you accepted Jesus as your Lord & Savior? \_\_\_\_\_ If yes, date saved \_\_\_\_\_
3. Have you received the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_ Date \_\_\_\_\_
4. Have you been baptized in water since you were saved? \_\_\_\_\_ Date baptized \_\_\_\_\_
5. Have you completed membership class? \_\_\_\_\_ If yes, Date completed \_\_\_\_\_  
If not are you willing to attend a membership class? \_\_\_\_\_
6. Do you attend 3 or more services a month? \_\_\_\_\_
7. Do you smoke? \_\_\_\_\_
8. Do you drink alcoholic beverages of any type or amount? \_\_\_\_\_
9. Are you involved in a sexual relationship with someone you are not married to? \_\_\_\_\_
10. Do you use illegal drugs? \_\_\_\_\_
11. Is there anything in your background that you are currently involved in that would call into question your being trusted with the supervision, guidance and care of young people (such as homosexuality, child pornography, sexual or physical abuse)? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

(Please complete information on reverse side and next page)

12. 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 connection with a criminal charge? Yes No  
If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense, date, court where conviction was entered and any other relevant information.
13. Have you ever been convicted of a sexual offense, offense relating to children or a crime of violence (that is not covered in the question asked above)? Yes No  
If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense, date, court where conviction was entered and any other relevant information.
14. 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? Yes No  
If yes, please explain:

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**If you have ever used other names, please provide the complete name(s) and date in use:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Previous Addresses (within the last 5 years):**

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Please check the box for the area you would like to serve in:**

Birth – 2 Years       6 Years – 5th Grade

3 -5 Years

**References**

**\*\*\*\*Please make sure all the information you are providing is current and complete.**

**Organizational References:**

Please list any organizations (including churches) for which you have volunteered, with children, in the last 5 years.

Organization	Dates of Involvement	Supervisor	Phone #	Email Address
			( )	
			( )	
			( )	

**Personal References:**

List two people that you know who meet the following criteria:

- 1) Are over 18 years old, 2) Are not related to you, 3) Have seen you around minors, 4) Have known you for more than 1 year, and 5) Have a definite knowledge of your character.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Christian Faith Center, and its representatives, will strive to complete an attainable standard of collecting information from at least 2 of the above references providing that we are provided with correct information.

**Applicant's Statement:**

I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. I give Christian Faith Center permission to check my references, church history, and criminal background using the information I have provided.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We are very excited to have you be a part of the CFC KIDZ Parent Co-Op Team. We are committed to partnering with parents in the spiritual growth of their children and you help complete our team. Thank you so much for taking time to fill out this application.

Kathy Wilkerson  
Children's Pastor

(Revised July 2008)

# Christian Faith Center

## CRIMINAL HISTORY CHECK

*\*This must be filled out completely in order to volunteer at CFC or CFS.*

**PLEASE PRINT CLEARLY.**

Name: \_\_\_\_\_  
Last First Full Middle Name

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** \_\_\_\_ Female \_\_\_\_ Male

**SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Years Lived At Address Above:** \_\_\_\_\_

**Spouse's Full Name:** \_\_\_\_\_

Have you ever used **any other name** (including maiden name)? If so, please list here:

\_\_\_\_\_

I voluntarily and knowingly authorize any law enforcement agency, state agency, federal agency, private business, and/or other persons to give records of information they may have concerning my criminal history. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid as long as membership status is current and a photographic or faxed copy of the authorization shall be as valid as the original.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date