



Children's Ministry Volunteer Application

In order to help Coastal Community Church provide a safe and secure environment for children attending children's ministry programs, we ask that this be completed by anyone who will be involved in helping with any programs. Information within this application will be kept confidential and will only be reviewed by the appropriate pastor(s) and/or staff. Also included is a background permission check form to be completed by anyone **18 years and older**.

Date: _____

Name: _____
Last First MI

Address: _____
Street City State/Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Have you accepted Christ? _____ If yes, when? _____

Are you a member of Coastal Community Church? _____

If no, are you planning on becoming a member? _____

Do you have any medical training? _____ If yes, please specify: _____

Are you CPR certified? _____ Do you use illegal drugs? _____

Have you been arrested or convicted of any sexually related crimes? _____

Have you been arrested or convicted of any abuse related crimes? _____

List any gifts, training, education, or other factors that would be helpful in ministering to children: _____

Please check age groups **and** areas of ministry in which you are interested in serving.
Note: you may choose more than one in either category.

Group of Interest

- Nursery – Birth thru 23 months
- Toddlers- 2 and 3 year olds
- 4 year olds thru Kindergarten
- Elementary – 1st thru 5th grade
- Check-in
- Special needs children
- Float to any age group needed
- Not sure – would like to try various to determine favorite

Areas of Ministry

- Leader/Teacher
- Assistant
- Praise & Worship
- Arts/Crafts
- Games
- Drama/Story Telling
- Prep Work
- Missions/Big Events
- Other – specify:

Service times available

- Sunday, 8:15 am
- Sunday, 9:45 am
- Sunday, 11:15 am
- No preference

Weeks Available

- Week 1
- Week 2
- Week 3
- Week 4

How many times a month are you willing to serve in children’s ministry? _____

Please indicate any special scheduling notes:

By signing below I attest that all information within this application is correct to the best of my knowledge. I also have read and commit to the beliefs, mission statement, and goals of Coastal Community Church’s Children’s Ministry as stated within the ministry’s new worker packet.

Print Name: _____ Date: _____

Sign Name: _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **COASTAL COMMUNITY CHURCH** (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

COASTAL COMMUNITY CHURCH BACKGROUND CHECK AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **COASTAL COMMUNITY CHURCH** to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

Personal Data for Background Check

Last Name

First Name

Middle Name

Maiden Name (if applicable)

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date