



SO YOU WANNA BE A LEADER IN CROSS KIDS?

This packet includes the following:

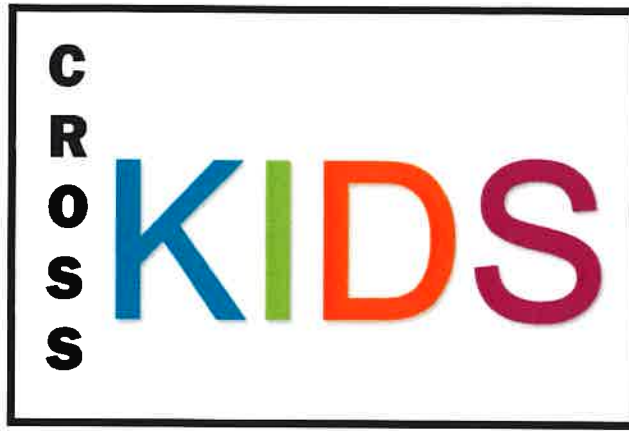
**Ministry Application
Honor Code
Background check form**

Thank you for your interest in becoming a part of the leadership of Children's Ministry. My prayer is that you find your fit within this ministry, and that God uses you to enhance the work He has began to build in the lives of our children.

**Rachel Ramos
Preschool & Children's Director**

rachel@thecrossloganville.org

Office #: 770-613-3264



Ministry Application

The purpose of this application is to find out more about you personally. Please make every effort to answer the questions honestly and completely. Please note that as a standard security measure, The Cross Loganville runs background checks on any and all adults who desire to work with the Children's Ministries. The security screening that is done is to insure the highest quality of safety and care for our children and all information collected will be kept strictly confidential with the church leadership.

General Information:

Name: First: _____ MI: _____ Last: _____

Other Names Used (Maiden, etc)

Address: _____

City: _____ St: _____ Zip: _____ County: _____

Date of Birth: _____ Age: _____

Social Security #: _____ D.L. # _____ State: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Occupation: _____ Employer: _____

List any other cities that you have resided in:

Signature: _____ Date: _____

Your Spiritual Journey:

How did you become a Christian?

How has your faith and relationship with Christ grown since you became a Christian?

How would you describe your relationship with Christ currently?

Work Status:

- Part Time Full Time Student Homemaker

Marital Status:

- Single Married Divorced

Education:

High School: _____ Year of Graduation: _____

College/Trade School: _____ Year of Graduation: _____

Degree: _____ Minor: _____

Other Education: _____

In caring for children, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the pastoral staff.

Are you using illegal drugs? Yes No

Have you ever gone through treatment for alcohol or drug abuse?

Yes No

If yes, please describe.

Have you ever had sexual relations with any minor after you became an adult?

Yes No

Have you ever been accused or convicted of any form of child abuse?

Yes No

If yes, please describe.

Have you ever been a victim of any form of child abuse?

Yes No

If yes, would you like to speak to a counselor or pastor?

Yes No

Are you willing to have your information run through a background check?

Yes No

How long have you attended The Cross Loganville? _____

Are you a partner?

Yes No

List the date and activities of other ministry experiences here at The Cross Loganville, and the reasons for ending that ministry.

Date Started	Ministry/Activity	Date Ended	Reason
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Describe any other ministry/church experience you have been involved with.

What spiritual gifts do you feel you have, and how would you like to use them in children's ministry?

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to The Cross Loganville and/or its representatives to release any and all records or information relating to working with minors. The Cross Loganville may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a student worker. I understand that the personal information in this application will be held confidential by the professional church staff.

I commit to submit to discipline by God through his Holy Spirit, to follow biblical principles when dealing when conflict in my relationships with brothers and sisters in Christ.

I am committed to honoring GOD when approached biblically by brothers and sisters in

Christ, and by church leadership if the need should ever arise.

(Ps. 141:5; Matt. 18:15-17; 1 Cor. 5:1-5; 2 Cor. 2:5-8; Gal. 6:1-5 8; 1 Tim. 5:20; 2 Tim. 2:25; Titus 1:9; 3:10-11; Heb. 12:5-11; Rev. 2:5-7, 14-25).

I agree, by God's grace, to walk in holiness as an act of worship to Jesus Christ, who has saved me from my sin that I could live a new life (2 Cor. 5:17).

I will exercise God honoring purity in my physical relationships by abstaining from practices such as cohabitation, pornography, homosexuality, adultery and fornication.

(Job 31:1; Prov. 5; Rom. 13:12-14; 1 Cor. 6:9-7:16; Heb. 13:4)

I will refrain from illegal drug use, drunkenness, and other sinful behavior as the Bible, and The Holy Spirit dictates (1 Cor. 8:7; Gal. 5:19-21).

Should I sin in such a manner, I agree to confess my sins to The Lord.

I also understand that The Cross Loganville Elders and Pastoral staff are available to help me in my repentance as I seek to put any sin in my life to death (Rom. 8:13; Col. 3:5; 1 John 1:6-10).

Signature _____ Date _____

REFERENCES:

Please list two references that you have known for at least 2 years. We are looking for references that can vouch for one's character rather than their skills. God will provide all the tools necessary to carry out a ministry.

Name: _____

Relationship: _____

How long have you known this person? _____

Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

Name: _____

Relationship: _____

How long have you known this person? _____

Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Cross Kids, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____