



## Application For Ministry

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Anniversary \_\_\_\_\_

Name and ages of others who live in your Home \_\_\_\_\_

Are you a Partner of Victory? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you attended Victory? \_\_\_\_\_ Partner since: \_\_\_\_\_

Name of Previous Church (Name, City, State and phone number): \_\_\_\_\_

Why would you like to serve at Victory Church? \_\_\_\_\_

What age group would you like to serve and why that age? \_\_\_\_\_

What other experience do you have working with minors (Organization, Program,

Dates & Reference contact: \_\_\_\_\_

Are you currently involved in any small groups at Victory Church? \_\_\_ Yes \_\_\_ No

Please briefly state your relationship with Christ (how long, etc): \_\_\_\_\_



### BACKGROUND INFORMATION

Have you ever been convicted or accused of a child abuse crime involving attempted sexual molestation of a minor? \_\_\_\_Yes \_\_\_\_No

Are you aware of any traits or tendencies that could pose any threat to children, youth or others? \_\_\_\_Yes \_\_\_\_No

If yes, to either of these questions please explain \_\_\_\_\_

\_\_\_\_\_

List any other names by which you have been known (Including maiden name):

\_\_\_\_\_

Please list the names of two non-related Christian references (over 18 yrs of age)

	Name	Email Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant's Social Security Number: \_\_\_\_\_

(Due to the sensitivity of your personal information, we want to assure you that your information is locked up in a secured location)



**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize Victory Church to contact any references or organizations to give you any information (including opinions) that they may have regarding my character and ability to work with minors. I hereby release any individual, church, youth organization, charity, employer reference or any other person or organization including record custodians, both collectively and individually from any and all liability from damages of whatever kind or nature in regard to their release of information. I waive any right I have to inspect any information as provided about me by those identified on this application.

I authorize a Criminal Records Check be conducted on me and that any information with any record of convictions contained in police files or any criminal file maintained on me (state or local) be released to Victory Church. In so authorizing, I release any Police Departments, Victory Church or those individuals receiving the results of the background check from any and all liability resulting from such disclosure.

Applicant's Signature of Agreement\_\_\_\_\_

Date\_\_\_\_\_

**TO BE COMPLETED BY ADVISORY COMMITTEE MEMBER OR STAFF PERSONNEL ONLY:**

Driver's License number\_\_\_\_\_ (Photo Copy of DL must be attached)

Date\_\_\_\_\_

Advisory committee/Staff Signature\_\_\_\_\_