

VICTORY OUTREACH TWIN CITIES

CHILDREN’S MINISTRY QUESTIONNAIRE / APPLICATION

Thank you for applying to serve in the Children’s Ministry at Victory Outreach Twin Cities. Everyone involved in any part of Children’s Ministry is required to have an active Ministry Questionnaire on file. Please be aware that a background check is conducted on each applicant as a matter of church policy for protection of the children God has entrusted to our care. The information provided below is confidential and will be reviewed only by those necessary for approval.

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS Date: _____

Name: _____ Male Female Birth Date: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip: _____

(Home Phone): _____ (Cell): _____ (Work): _____

Employer: _____ How Long? _____

Type of work: _____ How Long? _____

Social Security# _____ Drivers License# _____ Expiration: _____

Previous Church: _____ Phone# _____

Address: _____ City: _____ State: _____ Zip: _____

Area(s) served in: _____ Ministry Overseer: _____

Have you ever been accused, convicted or pleaded guilty to a felony? Yes / No If yes, explain: _____

Have you ever molested or physically abused a minor? Yes / No If yes, explain: _____

I am interested in working with: Infants / Toddlers (Tiny Treasures) ()

Preschool Age (Lil G.A.N.G) ()

Elementary Age (KIDZ G.A.N.G) () Any Area ()

Have you had any training and/certification in CPR or first aid? YES / NO

Why do you desire to be in the Children's Ministry?_____

Do you have any special talents or abilities you would like to share with the children?_____

Are you regularly attending Victory Outreach Twin Cities? If so, how long have you been attending?_____

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character for children or youth ministry. In addition, I authorize Victory Outreach Children's ministry to perform a background check.

DATE:_____

PRINT NAME_____SIGNATURE_____

**PLEASE GIVE COMPLETED APPLICATION TO
CHITA RODRIGUEZ OR LISA ZUNIGA**