

# Kid Life Ministries Service Team

Thank you so much for making the decision to serve in Kid Life Ministries here at Christian Life Fellowship. You are greatly appreciated for your willingness to minister to the children in our classrooms. Please fill out this application and submit it at one of our check-in counters or to our office during the week. After receiving your application, I will contact you to set up a time to discuss your involvement in this awesome ministry. In the meantime, if you should have any questions regarding this application, please feel free to contact me. I look forward to serving with you.

Jaimie Fialka

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[jaimiefialka@clflife.com](mailto:jaimiefialka@clflife.com)



The information contained in this application will be kept confidential. Thank you for helping Kid Life Ministries provide a safe and secure environment for our children.

### Personal Information

Today's Date: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Employment Information

Present employer: \_\_\_\_\_  
Can we call you at work? Y or N Work #: \_\_\_\_\_

### Church Information

Have you been through the CLF Life Orientation Process? Y or N when? \_\_\_\_\_  
How long have you been saved? \_\_\_\_\_  
Have you been water baptized? Y or N Have you been filled with the Holy Spirit? Y or N  
Do you agree with the doctrine and beliefs of CLF and agree to be an active part of this fellowship through attendance, tithe and service? Y or N

List the names and locations of other churches you have attended in the last five years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Who encouraged you to join the Kid Life Team? \_\_\_\_\_

Have you previously been involved in Children's Ministry? Y or N

If yes, in what capacity? \_\_\_\_\_

Briefly share why you want to serve in Kid Life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any gifts, training or past experience that prepares you for working with children:

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities while serving with children? Y or N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Reference Check

List two people who have a definite knowledge of your character and ability to work with children.

Reference 1:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is your connection to this person? \_\_\_\_\_

Reference 2:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is your connection to this person? \_\_\_\_\_

Are you aware of having any traits or tendencies that could pose any threat to children or others? Y or N

Is there any reason why you should not work with children? Y or N

If the answer to either of these questions is yes, please explain in detail:

\_\_\_\_\_

\_\_\_\_\_

Please indicate past or present involvement with any of the following (Y = Yes, N = No):

	Past	Present
Drugs	_____	_____
Alcohol	_____	_____
Homosexuality	_____	_____
Conviction of a crime	_____	_____
Tobacco	_____	_____
Pornography	_____	_____

Have you received a Kid Life Ministries Handbook? Y or N

Is your spouse and/or family in agreement with your desire to serve in Kid Life Ministries? Y or N

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

Grow them to know Him



## Area of Involvement

### The Greenhouse (Kindergarten thru 5th Grade):

- Welcome Team (check-in, greeter)
- Kindergarten Teacher/Assistant
- Sunday Teaching Team
- Wednesday Teaching Team
- Audio/visual
- Games Coordinator
- Worship Team - Instrument \_\_\_ Vocals \_\_\_
- Dance Team/Drama Team
- Props and Costumes
- Events/Summer programs

### The Garden (birth thru pre-K):

- Welcome Team (check-in, greeter)
- Nursery (birth thru 12 months) - Room Coordinator/Caregiver
- 1's class (13 months thru 24 months) - Room Coordinator/Caregiver
- 2's class - Room Coordinator/Caregiver
- 3's class - Room Coordinator/Caregiver
- 4's class - Room Coordinator/Caregiver
- 5's class - Room Coordinator/Caregiver
- Service Teacher - visit each classroom to teach the lesson
- Worship Leader - lead each class in a time of praise and worship
- Craft Coordinator/Preparer

### The service I'd prefer to serve in is:

- Sunday 9:00 AM
- Sunday 10:30 AM
- Wednesday 7:00 PM

I'd like to serve (please check): \_\_\_ weekly (preferred) \_\_\_ Bi-weekly (twice a month)

## Commitment Form

Full name of person applying:

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Position applying for:

KID LIFE GREEN THUMB

Commitment:

I commit to show the love and reality of Jesus Christ to the children of Kid Life Ministries and to protect the authenticity of this ministry by:

1. Accepting and supporting the leadership and vision of the Senior Pastor of Christian Life Fellowship, as well as the Children's Ministry Director.
2. Agreeing with the policies and procedures listed in the Kid Life Ministries Handbook and supporting them.
3. Representing Kid Life Ministries in a manner that's "worthy of the Gospel."
4. Attending all Kid Life Ministries meetings and trainings, understanding the value of connecting as a team and growing in our ability to serve God's children.
5. Speaking into the lives of children with sincerity and believing in the power of the gospel for them.
6. Giving at least one month notice should I decide to step out of Kid Life Ministries, except in emergency situations.

Signature: \_\_\_\_\_

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



**green thumb** n. an extraordinary ability to make plants (children) grow well.

## Background Check Permission Form

This form authorizes Christian Life Fellowship to obtain a background check for applicants 18 years or older and must be completed by the applicant.

In the interest of safety and security I, the undersigned applicant, authorize Christian Life Fellowship, through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during my service to the organization. This report may include my driving history, including any traffic citations, a social security number verification, present and former addresses, criminal and civil history/records, and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Christian Life Fellowship, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

I agree to allow Christian Life Fellowship to conduct a background check. Yes \_\_\_ No \_\_\_

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

First

Middle

Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Gender: M or F

Current Address:

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address:

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you ever been accused of, participated in or been convicted of sexual misconduct?

Yes \_\_\_ No \_\_\_

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

## Volunteer Follow-up Record

(To be completed by Director)

Applicant: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Time of Interview \_\_\_\_ : \_\_\_\_ am/pm

Person conducting the interview: \_\_\_\_\_

Recommendations of person conducting interview: \_\_\_\_\_

Training placement -

Start Date:        /        /

Ministry assigned to: \_\_\_\_\_

Leader assigned to: \_\_\_\_\_

Job description/responsibility assigned: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

References have been contacted: Y or N