

# The Faith Center Ministries

5555 NW 95th Ave Sunrise, FL 33351 (954) 742-7832

## U-TURN MINISTRY TEAM MEMBER APPLICATION

Please select one or both:

\_\_\_\_\_ **CHILDREN'S MINISTRY**

\_\_\_\_\_ **TEEN MINISTRY**

Thanks for your interest in serving in the U-Turn Ministry. Please print clearly and return this form to the youth ministry table in the lobby or the member's relation desk on the east or west side of the lobby.

This application is to be completed in full by all workers for any position involving the supervision, teaching, or custody of minors. Information will be treated as confidential and is needed to help us provide a safe environment for children and youth who participate in our programs and use our facilities.

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Best time to be contacted: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Do you have any medical training or are you CPR certified? \_\_\_\_\_

### POSITION(S) APPLYING FOR:

- Teacher
- Assistant Teacher
- Administrative Team – check-in/out, various administrative duties, etc.
- Turning Point teacher/volunteer (Wednesday nights)

What skills, training, spiritual gifts, or talents do you have which might be useful in this position?

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

I am willing to commit to \_\_\_\_\_ week(s) per month:

- 1st Sunday
- 2nd Sunday
- 3rd Sunday
- 4th Sunday
- Wednesday night

(1st Wed. \_\_\_\_\_ 2nd Wed. \_\_\_\_\_ 3rd Wed. \_\_\_\_\_ 4th Wed. \_\_\_\_\_)

Are you willing to occasionally serve in the ministry in the case that one of your team members is sick or unable to work a particular Sunday/Wednesday? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **SPIRITUAL AND PERSONAL BACKGROUND**

Have you accepted Jesus Christ as your Lord and Savior? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a member of The Faith Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you been attending The Faith Center? \_\_\_\_\_ years \_\_\_\_\_ months

Church position(s) held in the past: \_\_\_\_\_

Do you have any allergies/medical conditions we should know about? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Do you have any physical handicaps or conditions preventing you from performing certain types of activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you ever been accused, arrested, or convicted of child abuse, neglect, or a crime involving attempted sexual molestation of a minor or other sexually-related crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Do you use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you had any painful experiences in your life that have better equipped you or that may hinder you from a productive ministry with children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, would you like to talk to a pastor regarding this circumstance? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that all of the information in this Youth Worker Application is complete, accurate and true.

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

• **ALL YOUTH WORKERS MUST COMPLETE A CRIMINAL BACKGROUND CHECK.**

## REFERENCES

Please provide the names of two individuals (not relatives) who have known you for one year or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. If possible, please include at least one reference from someone in this church. All people listed as references should be informed that you have listed them. References that are acceptable are limited to the following:

- Former or present pastor
- Long-time friend (minimum of 5 years)
- One parent (for minors)
- Teacher (for minors)
- Church member (who has sufficient strength of relationship to comment on the individual's personal habits and character)
- Employer or colleague

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Thanks again, for your interest in serving in the Youth Department of The Faith Center Ministries. The approval process should take no more than 30 calendar days from the receipt of this application.