



## CHURCH ACTIVITY

Name of Home Church \_\_\_\_\_ How long you have attended \_\_\_\_\_

Church Contact (Name & Number) \_\_\_\_\_

Are you a Christian?  Yes  No When saved? \_\_\_\_\_

### WE BELIEVE — STATEMENT OF FAITH

1. In the divine inspiration of the Bible, our all-sufficient rule of faith and conduct. *2 Timothy 3:15-16*
2. In one God, Creator of all things, eternally existent in three persons – Father, Son, and Holy Ghost. *Deuteronomy 6:4; Mark 12:29*
3. In the prophetic and virgin birth of Christ, His vicarious death, bodily resurrection, and ascension. *Isaiah 7:14; Romans 8:34; Acts 1:9-10*
4. In the necessity of rebirth of man and in his consequent salvation from spiritual death and hell, through acceptance of Jesus Christ as Savior. *John 3:1-7, 16-18; 1 John 5:11-12*
5. In the observable evidence of regeneration, the inward evidence being the direct witness of the Holy Spirit, and the outward evidence being a life of holiness and love of God and man. *Romans 8:16; 1 Peter 1:15-16; Matthew 22:36-40*
6. In baptism by immersion, symbolical of our death, burial, and resurrection with Christ, through Whom we walk in newness of life. *Matthew 28:19; Acts 2:38*
7. In regular participation of Holy Communion, in remembrance of Him Who is our gospel. *1 Corinthians 11:23-30*
8. In the Baptism with the Holy Ghost, signified by the initial evidence of speaking in other languages, an experience distinct from and subsequent to the new birth. *Acts 2:4, 19:2*
9. In the privilege of divine healing of body, mind, and spirit through faith in God. *Isaiah 53:4*
10. In the second coming to earth of Jesus the Lord, who will receive the Church as His chosen bride and will institute new heavens and new earth. *Acts 1:11; 2 Peter 3:9-13; Revelation 21:1-5*

Do you agree NOT to teach beliefs contrary to our statement of faith?  Yes  No

List name, address, and phone number of a previous church you attended regularly:

Church Name \_\_\_\_\_ Years attended \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of ministry involvement with children or students \_\_\_\_\_

Name of Pastor or supervising coordinator you worked with \_\_\_\_\_

Other ministry in same location \_\_\_\_\_

Have you ever been asked to leave a church for any reason?  Yes  No

List any additional previous ministry involvement with children/students (identify church and type of ministry). \_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children/students. \_\_\_\_\_

State why you desire involvement in ministry through CMC with children/students \_\_\_\_\_

## PERSONAL REFERENCES

Please write down the names of the two people you are giving a reference questionnaire to complete for you.

**(DO NOT LIST FORMER EMPLOYERS OR RELATIVES)**

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for taking the time and effort to complete this application. It will be prayerfully considered as we endeavor to fill volunteer and/or compensated positions involving the supervision of minors and to provide them with a safe and secure environment.

## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for work with children and students, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I hereby consent to a Criminal History Check on myself from the Washington State Patrol (or any such agency as Christ Memorial Church determines) to be conducted both initially and periodically as determined by CMC.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of CMC, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that each position serves "at will" of the employer, and that I may be dismissed without cause.

PURSUANT TO RCW 90A.72.085, I certify under penalty or perjury under the laws of the State of Washington that the foregoing statement is true and correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Note: All information provided by this application or obtained through references will be held in strict confidence and used only in consideration of your application.***



## CONFIDENTIAL REFERENCE QUESTIONNAIRE FOR WORK WITH MINORS

Name of Applicant \_\_\_\_\_

Ministry Applying for:  Children (Birth to 6th Grade)  Students (6th - 12th Grade)

Specify Department \_\_\_\_\_

*(i.e. Children's Ministries, Student Ministries, Women's Ministries, Mpact, Rangers, Moms & More)*

### INSTRUCTIONS

The applicant shown above has applied for a volunteer position in our church. In order to determine the applicant's suitability for this position, we ask that you take a few moments to complete and return this reference form to the church. The term "minor" refers to any person who has not yet reached 18 years of age. Please remember to sign and date this form. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity do you know the applicant? \_\_\_\_\_
3. To your knowledge, has the applicant worked with minors before?  
 Yes. If yes, how long? \_\_\_\_\_  
 No
4. Have you personally observed the applicant working with minors?  
 Yes. If yes, what observations can you provide regarding this person's abilities to work with minors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 No
5. To your knowledge, has the applicant ever been charged with, convicted of, or pleaded guilty to the abuse or molestation of a minor?  
 Yes. If yes, please explain \_\_\_\_\_  
 No
6. Do you know of any reason why the applicant should not be allowed to work with minors?  
 Yes. If yes, please explain \_\_\_\_\_  
 No
7. Would you recommend the applicant be allowed to work with minors?  
 Yes.  
 No. If no, please explain \_\_\_\_\_
8. Are you aware of any facts demonstrating that the applicant's volunteer service should be restricted?  
 Yes. If yes, please explain \_\_\_\_\_  
 No

*continued on other side*

9. Please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please leave it blank.

CHARACTERISTIC	RATING					COMMENTS
	Poor		Excellent			
Works well with others	1	2	3	4	5	
Personal motivation & initiative	1	2	3	4	5	
Dependability	1	2	3	4	5	
Trustworthiness	1	2	3	4	5	
Attitude	1	2	3	4	5	
Religious commitment	1	2	3	4	5	

10. Based on your knowledge of the applicant's character and background, which of the following best reflects your evaluation of the applicant's suitability for a position in our church?

- Highly recommend
- Recommend
- Neutral
- Do not recommend
- Insufficient knowledge to form an opinion

11. Please provide any additional comments concerning the suitability of this applicant for a position in our church below or on a separate sheet. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Please provide the name, address, and phone of anyone else we should contact as a reference for this applicant's suitability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person completing this questionnaire \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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*continued on other side*

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\_\_\_\_\_

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\_\_\_\_\_

Signature of person completing this questionnaire \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_