

# PGBC Children / Student Ministry Volunteer

## Application General Information

Date \_\_\_\_\_

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

Address: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

\_\_\_\_\_

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

Employer: \_\_\_\_\_

Work status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Student \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

## Personal and Spiritual History

Write a brief testimony about how you became a Christian (include date).

Write briefly about significant events in your life that have impacted you spiritually.

Describe three major ways in which you have grown in your spiritual journey since you became a Christian.

How would you describe your spiritual journey now?

What accountability do you currently have in your spiritual journey?

What do you do when you have a conflict with someone? Would you consider yourself good at handling confrontation? How do you handle confrontation?

Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in the student ministry? (e.g. relationships, other commitments, etc.)

### **Legal and Lifestyle Concerns**

In caring for students, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the pastoral staff.

Are you using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever gone through treatment for alcohol or drug abuse? Yes \_\_\_\_ No \_\_\_\_  
If yes, please describe.

Have you ever been arrested and / or convicted of a crime? Yes \_\_\_\_ No \_\_\_\_  
If yes, please describe.

Have you ever struggled with your sexuality? ex. Homosexual relations Yes \_\_\_ No \_\_\_

If single, are you living with anyone of the opposite sex? ex. Boyfriend/Girlfriend Yes \_\_\_ No \_\_\_

Have you ever had sexual relations with any minor after you became an adult? Yes \_\_\_ No \_\_\_

Have you ever been accused or convicted of any form of child abuse? Yes \_\_\_ No \_\_\_

If yes, please describe.

Have you ever been a victim of any form of child abuse? Yes \_\_\_ No \_\_\_

If yes, would you like to speak to a counselor or pastor? Yes \_\_\_ No \_\_\_

### **Ministry**

How long have you attended Piney Grove Baptist Church? \_\_\_\_\_

Are you a member? Yes \_\_\_ No \_\_\_

Describe any ministry / church experience you have been involved with.

What spiritual gifts do you feel you have, and how would you like to use them in student ministry?

Why do you want to work within the student ministry?

What are some of your expectations of the student ministry staff?

Thanks for taking the time to complete this information. We take student ministry seriously. The safety, security, and spiritual well-being of our students are directly reflective of our commitment to carry out the Great Commission by healing hurts and meeting needs.

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Piney Grove Baptist Church or its representatives to release any and all records or information relating to working with minors. Piney Grove Baptist Church may contact any references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker. I understand that the personal information in this application will be held confidential by the professional Church staff.

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

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

Today's Date: \_\_\_\_\_