



CONFIDENTIAL

CHILDREN AND YOUTH MINISTRIES (CYM) WORKER APPLICATION

All applicants for any position (volunteer) within the Mt. Zion Baptist Church Children and Youth Ministries (CYM) complete this application. It is being used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Male ( ) Female ( ) Birth date: \_\_\_\_\_ Marital status: \_\_\_\_\_ No. of children: \_\_\_\_\_

Spouse's name (if married): \_\_\_\_\_ Anniversary date (if married) \_\_\_\_\_

Is your spouse involved in a MZBC ministry? Yes No If yes, where: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Alias (or other names you've gone by): \_\_\_\_\_

Present employer: \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Are you a member of MZBC? \_\_\_\_\_ How long have you attended MZBC? \_\_\_\_\_

Have you been born again? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Year: \_\_\_\_\_

Have you been baptized in water? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Do you tithe on a regular basis to MZBC? \_\_\_\_\_

Are you a vision partner of MZBC? \_\_\_\_\_

Have you ever completed a CYM Application before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what department? \_\_\_\_\_ When? \_\_\_\_\_

DO YOU BELIEVE

Yes No

- \_\_\_\_\_ In the virgin birth and deity of our Lord Jesus Christ?
\_\_\_\_\_ That Jesus is God's Son and the only sacrifice for sin?
\_\_\_\_\_ That man must be born again to receive eternal life?
\_\_\_\_\_ In eternal reward for the believer? (Heaven)
\_\_\_\_\_ In the infallibility of the scriptures?
\_\_\_\_\_ Divine healing is part of redemption's purchases and is God's will for all who believe?
\_\_\_\_\_ That Jesus arose bodily from the dead?

List (name and address) of other churches you have attended regularly during the past five years:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

List any special gifts (i.e. acting, puppetry, sign language, etc.), callings, training, education, or other factors that have prepared you for Christian service:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Have you ever led anyone to Christ? \_\_\_\_\_

Have you ever been involved in any ministries before? \_\_\_\_\_

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

With what church or organization? \_\_\_\_\_





**INDICATE AREA OF INTEREST**

- Elementary (Grades 2<sup>nd</sup> -3<sup>rd</sup>)
- Elementary (Grades 4<sup>th</sup> -6<sup>th</sup>)
- JG Choir
- JG Praise Dancers
- Nursery (Ages 1-3)
- Pre-School (Ages 4-6)
- Registration Team
- Saving Our Daughters (Mentoring)
- Saving Our Sons (Mentoring)
- Teen Experience Leadership Advisor
- Tutoring
- Youth Bible Study (Ages 12- 17)
- Youth Church (2<sup>nd</sup> – 12<sup>th</sup> Grades)
- Youth Ushers/Greeter

If you mark more than one area, please put a number to indicate the order of your preference.

You are expected to attend 5-8 services a month for your personal nourishment and spiritual growth. Will this be a problem for you?  YES  NO

If yes, please explain:

\_\_\_\_\_

Which Sunday service(s) do you normally attend? (7:00am) (8:15am) (9:30am) (11:15am)

Do you attend Family Night service? (YES) (NO)

Which Wednesday service(s) do you normally attend? (12:00pm) (5:00pm) (7:00pm)

In which Sunday service(s) would you be able to work? (1<sup>st</sup>) (2<sup>nd</sup>) (3<sup>rd</sup>) (5<sup>th</sup>) at (7:00am) (8:15am) (9:30am) (11:15am)

In which 5:00pm or 7:00pm Wednesday Bible Study service(s) would you be able to work? (1<sup>st</sup> Wednesday) (2<sup>nd</sup> Wednesday) (3<sup>rd</sup> Wednesday) (4<sup>th</sup> Wednesday) (5<sup>th</sup> Wednesday)

Is your spouse and/or family in agreement with you working in Children and Youth ministry? \_\_\_\_\_

**PERSONAL REFERENCES**

(Not employees or relatives)

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

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PASTORAL REFERENCE**

(Former Senior Pastor, Associate Pastor or Ministerial Supervisor)

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

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

Telephone: \_\_\_\_\_

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any reference or churches listed in this application to give you any information they may have regarding my character and fitness for helps ministries. I release all such references from liability for any damage that may result from furnishing such evaluation to you and I waive any right that I have to inspect the reference provided on my behalf.

Should my application be accepted, I agree to be bound by the constitution and by-laws and policies of MZBC, and to refrain from unscriptural conduct.

Applicant's Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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