



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

Primary Campus:  Norco or  Jurupa Valley

## MINISTRY APPLICATION

This application is to be completed by all those desiring a ministry position. It is used to help the church provide a safe and secure environment for the individuals and their families that attend and frequent New Beginnings Community Church.

Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Middle

Male  Female Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License # \_\_\_\_\_ Expires \_\_\_\_\_

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

How long at this address? \_\_\_\_ If less than 5 years, please give previous address below:

Previous address: \_\_\_\_\_ Years: \_\_\_\_\_

Email \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Years \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been Baptized? \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

How long have you attended New Beginnings Community Church? \_\_\_\_\_

List any leadership/volunteer experience you have had: \_\_\_\_\_  
\_\_\_\_\_

List any training or education that has prepared you to work in ministry \_\_\_\_\_  
\_\_\_\_\_

**Which area of ministry are you interested in?** \_\_\_\_\_

**Day(s) and time/hours available for ministry:** \_\_\_\_\_

Are you involved in any other ministries? \_\_\_\_\_

Please Provide Three Local, Personal References (Must be 18 years old and not related to you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Comments (staff use) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Comments (staff use) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Comments (staff use) \_\_\_\_\_

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## Application for Work with Children, Youth, or Developmentally Disabled Persons

List any leadership/volunteer experience you have had with children: \_\_\_\_\_

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List any training or education that has prepared you to work with children: \_\_\_\_\_

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Have you ever led a child to Christ?: \_\_\_\_\_

Why do you want to be involved in Kid's Ministry?: \_\_\_\_\_

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### Age/Grade preference:

- Nursery 0-2 Years
- Toddlers 2-3 Years
- 4 and 5 year olds/ Kindergarten
- Grades 1 and 2
- Grades 3 and 4
- Grades 5 and 6
- Grades 7 -12

# Legal Questionnaire

The questions below are part of the process to help provide a safe and secure environment for our attendees and their families. All information is held strictly confidential by the NBCC staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "Yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement in connection with a criminal charge. \_\_\_\_\_

If you answered yes to question 1, please attach a statement or explanation, including nature of offense, date, court where conviction was entered, and any other relevant information.

2. Have you ever been arrested for or charged with a sexual offense, offense relating to children, or crime of violence that is not covered in question 1 above? \_\_\_\_\_

If you answered yes to question 2, please attach a statement or explanation, including nature of offense charged, date, law enforcement making the charge, and any other relevant information.

3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct? \_\_\_\_\_

4. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? \_\_\_\_\_

5. Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination, or other religious organization? \_\_\_\_\_

6. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct involving adults or children? \_\_\_\_\_

7. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide child care or similar service? \_\_\_\_\_

8. Have you ever been the subject to any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit as a result of an accident or mishap involving adults or children? \_\_\_\_\_

9. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization, or by an employer? \_\_\_\_\_

If you gave a "Yes" answer to any of questions 3 through 9, please provide the following information for each positive response:

- A) Date and complete description of the circumstances.
- B) Name and address of the church, employer, or other organization involved.
- C) Name and telephone number of a person familiar with the circumstances.

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# Applicant's Statement

The responses I have provided in completing this application form are complete, truthful, and accurate.

I hereby authorize New Beginnings Community Church to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check, if deemed necessary by New Beginnings Community Church. I hereby authorize all persons associated with me, including churches, employers, law enforcement, licensing, and social services agencies, to release any information contained in their files or records concerning me to the church and its representatives.

In consideration of the receipt and evaluation of this application form by New Beginnings Community Church, I hereby release New Beginnings Community Church and their directors, employees, agents, representatives, and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family on account of inquiries concerning my background and any disclosures of information concerning me to New Beginnings Community Church. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

Initial: \_\_\_\_\_

I understand that my service with New Beginnings Community Church shall be volunteer service. In addition, my volunteer services shall be at-will, and New Beginnings Community Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of New Beginnings Community Church and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance, other employee benefits, unemployment, or Worker's Compensation insurance benefits.

Initial: \_\_\_\_\_

I affirm that I will strictly comply with all policies and procedures of New Beginnings Community Church, including but not limited to its Child Protection Policy as presented in the publication Safe Place. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrine of New Beginnings Community Church, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal or disciplinary action, all at the discretion of New Beginnings Community Church. I will report any known or suspected child abuse or other violation of policy to the Senior Pastor, Children's Ministry Pastor, member of church staff, or a Deacon/Elder.

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

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

Applicant's Name (Please Print) \_\_\_\_\_

**Thank you! Please return your application to the NBCC Church Office**