



**First Baptist Church of District Heights
Dr. Robert A. Manning, Senior Pastor**

Children & Youth Department Staff Application

Thank you for your interest in joining the Children & Youth team at The Heights! Please complete the following information so we can get to know you better. The information you share will be confidential and only given to appropriate pastoral staff. Once you have completed the application, seal it in an envelope and return it to the appropriate Ministry Coordinator. We will contact you to schedule a brief interview. We look forward to speaking with you.

Which ministry you are interested in volunteering with? Check all applicable boxes.

KIDZone

Discovery

Ablaze

To what level are you willing to volunteer in ministry? Please note the increasing time commitment for each level choice.

Planning Team

Advisor

Chaperone

General Information:

Application Date: _____

Name: _____

Address: _____

Phone(s): _____

E-mail: _____ Are you over 18 years old? __

Member of FBCDH?: _____

Education Information

- High School
- Some college
- College graduate
- Some graduate school
- Completed graduate school
- Other _____



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Faith/Beliefs Information:

Have you made an ultimate profession of faith in Jesus Christ?

- Yes No Not sure

If yes, when? _____

What is your current membership status at FBCDH?

- Full Member (Completed First Steps; Received Membership Certificate)
 Member in Transition (Decided to Join; Yet to Complete First Steps)
 Regular Attendee

For how long? _____

How often do you attend Sunday worship?

- Nearly every week.
 Once or twice per month.
 Several times a year.
 On special days through the year (Christmas, Easter, etc.).

Which FBCDH ministries are you involved in to help foster your spiritual growth?

1. _____
2. _____
3. _____

In a normal week, how many days do you spend at least 10 minutes reading the Bible and praying?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> 5-7 | <input type="checkbox"/> 1-2 |
| <input type="checkbox"/> 3-4 | <input type="checkbox"/> 0 |

Please complete the attached "Spiritual Gifts Inventory (Skills)" and indicate below what you feel your primary spiritual gifts are.

1. _____
2. _____
3. _____

What talents/abilities has God given you that you feel would benefit this ministry to children and youth? (i.e. Storytelling, Teaching, Music, Drama, Art, Medical, etc.)

1. _____
2. _____
3. _____



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Lifestyle & Legal Information:

In caring for the children & youth of The Heights we feel it is our responsibility to seek adult staff members who will live a Godly, healthy, lifestyle as a model for our youth. Please answer the following questions honestly. You may find some of these questions very personal. Please trust that we will not share your information beyond the ministry staff, nor will any of your answers cause us to judge you. Any specific concerns can be discussed individually with the Ministry Coordinator or Department Head.

Have you ever worked with youth before? Yes No

If yes, where and in what capacity? _____

Do you currently use any of the following social media platforms? If yes, please list all applicable URL's and/or screen names.

- Facebook _____
- Twitter _____
- Instagram _____
- Periscope _____
- Personal Blog _____

Have you ever been:

arrested and/or convicted of a crime? Yes No

accused of and/or convicted of child abuse Yes No

accused of and/or convicted of a crime involving actual or attempted sexual
abuse or molestation? Yes No

treated for alcohol or drug abuse? Yes No

If you responded yes to any of the above, please explain below.



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In the past six months, have you:

- Used illegal drugs? Yes No
- Lived with a partner outside of marriage? Yes No
- Been involved in a homosexual lifestyle? Yes No

If you responded yes to any of the above, please describe below.

Are you willing to fill out the form for State/Federal Criminal Conviction Clearing?

- Yes No

Please note that if you do not allow a background check, we will not be able to commission you to work with our youth. No exceptions.

Do you have a driver's license? No ___ Yes _____

Do you have care insurance? No ___ Yes _____

Do you have a car available for transporting others? No ___ Yes _____

References

Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer if available.

Name/Organization	Relationship to you	Length or relationship	Phone number and/or email address



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Please read the following carefully before signing this application

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to First Baptist Church of District Heights (FBCDH) or its representatives to release any and all records or information relating to working with minors. First Baptist Church of District Heights (FBCDH) may contact my 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. I understand that misrepresentation or omission may be cause for my immediate rejection as an applicant for a volunteer position with FBCDH or my termination as a volunteer

Signature: _____

Date: _____