



STUDENT MINISTRY ADULT VOLUNTEER APPLICATION

Thank you for your interest in volunteering in our Student Ministry. Please complete the following application so we can get to know you better. The information you share will be confidential and only given to appropriate pastoral staff. We look forward to serving alongside you!

Location Attending:

Pembroke

Laconia

Pittsfield

Age group you prefer to work with:

High School (9-12)

Middle School (6-8)

Either

General Information

Last Name _____ First Name _____

Street Address _____ City _____

State _____ Zip Code _____

Email _____

Social Security Number _____

Date of Birth _____

Gender: Male Female

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Employer _____

Work Status: Part Time Full Time Student

Marital Status: Single Married Divorced

Spouse Name _____ Do they serve in a GCC Ministry? Yes No

Ages of Children _____ Do they attend our Student Ministry? Yes No

Car Insurance - please attach a copy of your current drivers license and insurance card

Education

High School _____

Year Graduated _____

College _____

Year Graduated _____

Lifestyle

Are you a member of GCC? Yes No When did you become a member? _____

How long have you attended GCC? _____ Do you tithe on a regular basis to GCC? Yes No

Do you currently attend a LifeGroup? Yes No Which LifeGroup? _____

What other GCC ministries have you served in? _____

Have you ever worked with youth before? Yes No Where? _____

Are there any issues in your life that could have an impact on your commitment and involvement with Student Ministry (relationships, other commitments, etc.)? Yes No

If yes, please explain: _____

Is there anything we should be aware of in your life that would compromise the integrity of our church or make it inappropriate for you to serve with children? Yes No

If yes, please explain: _____

In caring for the youth in our ministry, we feel it is our responsibility to seek adult volunteers who will provide healthy, safe, and nurturing relationships. Please answer the following questions honestly. Any specific concerns can be discussed individually with the Pastoral Staff.

Do you currently use illegal drugs? Yes No

Have you ever been treated for drug or alcohol abuse? Yes No

What is your view on drinking alcohol? _____

Have you ever been arrested and/or convicted of a crime? Yes No

Have you ever been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

Have you ever been a victim of abuse, molestation or neglect? Yes No

If yes, what have you done to resolve the experience and minimize the effect in your life?

Have you been involved in homosexual activity within the last 5 years? Yes No

Have you been involved in any sexually activity outside marriage within the last 5 years? Yes No

Are you willing to fill out the form for State/Federal Criminal Conviction Clearing? Yes No

Please note: If you do not allow a background check, you will not be able to be considered to work with our youth.

Spiritual History

Please explain how you came to know Christ and surrender your life to Him: _____

Have you been filled with the Holy Spirit? Yes No

How would you lead a teenager to a baptism of the Holy Spirit? _____

Have you been baptized in water? Yes No

How would you explain to a teenager what it means to be baptized in water? _____

Please explain if there was a time you led someone to Christ and how you led them to Christ:

What are your spiritual gifts and how have you been using them? _____

Please explain why you have a passion for children and how God called you to serve in our ministry

What are you passionate about and wanting to get involved with? (Please circle all that apply)

Small Group Leader

Worship

Teaching (Bible based on topics)

Security

Preaching

Fun Factor (Games, activities, music)

Prayer Team (Pre-service)

Event Planning

Administration

Media (Sound, ProPresenter, Photography)

Other _____

Information Acknowledgment

The information contained on this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Grace Capital Church (GCC) or its representatives to release any and all record of information relating to work with minors. GCC may contact references and appropriate government agencies as deemed necessary in order to verify my suitability as a children's volunteer. I understand that the personal information on this application will be held confidential by the professional Church Staff.

Applicant Signature

Date

Student Ministry Reference

_____, is applying to become a volunteer youth worker within the Student Ministry at Grace Capital Church and has given your name as a personal reference. The position for which they are applying is one in which volunteers are in close contact with students. It is vital that we ensure that the relationships between our leaders and students are healthy. Please complete the form below and send us your evaluation of this person's character and integrity. Your response will remain confidential.

Please describe your relationship with this person?

How long have you known this person? _____

Please use this scale to respond to the following questions.

1- low 2- below average 3- average 4- very good 5- excellent

Involvement in peer relationships _____

Ability to relate to students _____

Emotional Maturity _____

Resolving Conflict _____

Following through on commitments _____

Ability to be a team player _____

Willing to learn new things _____

Spiritual Maturity _____

What are the applicant's greatest strengths?

What are the applications weaknesses?

Do you have any concerns regarding this person working with students? If yes, what are they?

Additional Comments _____

Thank you for taking the time to complete this form. If you have any questions regarding this reference, please call Kaylin Tuttle at 603.716.5578. You may return the completed form to the Grace Capital Church office.

Signature _____ Date _____

Email _____ Phone _____

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