



Please list any other Sovereign Grace Orange County ministries in which you are involved:

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Why do you want to work with children or youth at Sovereign Grace?

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**PERSONAL REFERENCES** – Must be over 18 years old and non-related to you.

Name: \_\_\_\_\_ How long have you known the reference? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ How long have you known the reference? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

The questions below are a part of our interview process in order to help provide a safe and secure environment for our children/youth and for the protection of our volunteer and/or paid staff. All information is held strictly confidential. Answering yes to any of the questions may not necessarily preclude your involvement in our ministry children or youth. Thank you for your understanding.

- Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No
- Have you ever been accused, arrested, or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime? \_\_\_\_ Yes \_\_\_\_ No
- Do you use illegal drugs? \_\_\_\_ Yes \_\_\_\_ No
- Have you ever been convicted of or plead guilty to the use or sale of drugs? \_\_\_\_ Yes \_\_\_\_ No
- Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_ Yes \_\_\_\_ No
- Is there any health related reason that would keep you from effectively working with children/minors or cause any potential harm to our children? \_\_\_\_ Yes \_\_\_\_ No
- Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children or youth? \_\_\_\_ Yes \_\_\_\_ No

- Have you ever been a victim of any form of child abuse?  Yes  No
- Have you ever had sexual relations with any minor after you became an adult?  Yes  No
- Have you ever struggled with any sin involving a child or youth?  Yes  No
- Have you ever been charged with a crime or misconduct at your workplace?  Yes  No
- Have you ever been accused of improper conduct by an employer or as a volunteer for any reason?  
 Yes  No
- Is there any other information that will be revealed through a background check?  Yes  No
- Do you presently have any communicable diseases?  Yes  No

**If you answered “Yes” to any of the questions above, please provide a written explanation on a separate sheet of paper and attach it to this form.**

Please be prepared to discuss your answers with a pastor or Ministry leader. By signing below I agree to immediately inform Sovereign Grace Church of any subsequent information, including any accusations, convictions, or other occurrences that relate to the areas of inquiry set forth above.

#### **CHILDREN'S MINISTRY / YOUTH WORKER REQUIREMENTS**

1. Must be a member of SGCO (If you are eligible for membership: 18 years of age or older).
2. Must be able to make a one-year commitment to the work.
3. Must complete a Children's Ministry Application and undergo a reference check, background check, criminal records check and pastoral interview.
4. Must complete the online *Ministry Safe Training*.
5. Must read the SGCO *Children's Ministry Policies & Procedures* and sign the *Statement of Acknowledgement and Agreement*.
6. Must be at your designated post at the designated time.
7. Must regularly attend the SGOC corporate and small group meetings.
8. Must attend any children's ministry/youth meetings and workshops/trainings.

#### **AGREEMENT**

I have read the above qualifications and I am in full agreement with them. I pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above requirements is grounds for dismissal.

I waive any right that I have to inspect the references provided on my behalf.

Should my application be accepted, I agree to be bound by the by-laws and policies of Sovereign Grace Church of Orange.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## BACKGROUND CHECK

### AUTHORIZATION

**In consideration of my role with Sovereign Grace Church of Orange County, its affiliates, integrated auxiliaries and supporting organizations, hereinafter "Sovereign Grace Church"** and recognizing the importance of my character being above reproach, **I HEREBY CONSENT TO THE FOLLOWING:**

I CONSENT to a copy of the Children's Ministry / Youth Application and this Children's Ministry / Youth Background Check Form being furnished to any reference that I have provided to Sovereign Grace Church of Orange (SGCO) and to any other person, organization, or entity that SGCO deems necessary in connection with its investigation of my background, character, or qualifications.

In connection with my employment or volunteer service with SGCO, I authorize SGCO, any law enforcement agency, or any security company and their respective agents to solicit background information relative to my criminal record history and my suitability as a worker with children or minors.

I authorize Sovereign Grace Church to screen me through any national, state, county, municipal agency, or private firm for the purpose of accessing and reviewing California and national criminal history records, driving records, references, current or prior employment as well as any other historical or background records pertaining to me. This consent also authorizes all re-screening as deemed necessary by Sovereign Grace Church.

**I HEREBY WAIVE, RELEASE, AND HOLD HARMLESS FROM LIABILITY** Sovereign Grace Church, its staff, employees, volunteers, and agents with regard to any decision that it makes on my application for involvement with Sovereign Grace Church based on the information I provide or that is obtained through the criminal history and background screening process.

I release SGOC, any law enforcement agency, any security company and their respective employees and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

I waive any right that I have to inspect the references provided on my behalf.

Should my application be accepted, I agree to be bound by the by-laws and policies of Sovereign Grace Church of Orange.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION FOR BACKGROUND CHECK:**

Place of birth - City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security Number      Driver's License Number      State of License

Any previous names used, AKA or maiden name(s):

\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Resident address:

\_\_\_\_\_

\_\_\_\_\_

How long at present address: \_\_\_\_\_ Previous address(es) (if less than 2yrs at current address):

\_\_\_\_\_

\_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

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

Signature of Parent/Guardian (If under 18): \_\_\_\_\_ Date: \_\_\_\_\_

***Children's Ministry / Youth Application – REFERENCE INTERVIEW FORM (to be completed by CM/ YOUTH leader):***

**REFERENCE CONTACTED:**

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

**INTERVIEW QUESTIONS:**

1. Describe your relationship with the applicant?
2. How long have you known the applicant?
3. On a scale of 1 to 5 (with 1 being low and 5 being high), please rate the applicant in the following areas.

CHARACTERISTIC	RATING	COMMENTS
Teamwork		
Personal Initiative		

Dependability		
Attitude		
Commitment to task		
Spiritual Maturity		
Peer Relationships		
Overall Emotional Maturity		
Conflict Resolution		
Ability to relate to children or youth		

4. What are the applicant's greatest strengths?

5. Are you aware of any facts suggesting our church should not consider the applicant for work with children or youth?  Yes  No (add any explanation)

6. Based on your knowledge of the applicant, which of the following best reflects your evaluation of the applicant's suitability for this position?

Highly Recommend  Recommend  Neutral  Not Recommend  Insufficient knowledge

7. Do you have any additional comments concerning the suitability of this applicant as a youth/children's worker in our church?

This form accurately reflects the contents of a conversation I had with the reference on the date indicated:

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

Print Name \_\_\_\_\_ Title: \_\_\_\_\_

**Children's Ministry Worker – ANNUAL REVIEW**

I have reviewed my Children's Ministry / Youth Application and Children's Ministry / Youth Background Check Form dated \_\_\_\_\_ that I completed and submitted to the church, and all of my responses remain accurate except as noted below: (If no changes have occurred, write "No Change". Sign and date each entry.)

CHANGE:

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

## **Policies and Procedures**

### **Statement of Acknowledgement and Agreement**

I have received and read a copy of SGCO's Children's Ministries Policies and Procedures and understand the importance of the material in the manual. I agree to abide by these guidelines while serving or working at SGCO.

I understand the manual may be modified, and that any guideline may be amended, revised, or eliminated by SGCO.

I have reviewed the duties listed in my ministry position description, and I agree to fulfill these duties. I understand I may choose to end my employment or voluntary service at SGCO at any time (if possible, I will provide two weeks' notice to my supervisor).

I acknowledge and understand that the materials and guidelines contained in this handbook in no way express or imply a contractual employment relationship between me and SGCO. If applying as a volunteer, I acknowledge and agree that I will receive no monetary compensation for hours worked.

I understand it is my responsibility to review new guidelines which may be created and distributed.

I acknowledge receipt of SGCO policies and procedures manual.

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Children Ministry worker's name (please print)

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Children Ministry worker's signature

Date

*\*Please return completed application to the Children's Ministry Leader.*