



Children's/Disability Ministry Application Instructions

Thank you for your interest in Children's/Disability Ministry! Filling out this application is the first step toward serving.

Screening Process

Anyone who desires to serve in BCC's Children's/Disability Ministry in any capacity must undergo a screening process, which may include the following:

1. Written application.
2. Reference and background checks.
3. Interview with the Director of Children's Ministry or Nursery Coordinator and/or an Elder.
4. Signed Children's/Disability Ministry commitment.

Applicants must attend BCC for at least six months to be considered for service in Children's/Disability Ministry. No one with a prior sexual mistreatment-related offense will be allowed to serve at any time.

Application Instruction

Part 1 of the Application includes general information about you, your background and desire to serve in Children's/Disability Ministry. Part 2 includes confidential information essential to ensure the safety of everyone involved in Children's/Disability Ministry. Answering "yes" to any of the questions in Part 2 does not necessarily disqualify you from serving in the Children's/Disability Ministry. A pastor or elder may talk with you in private, though, to find out if you need help dealing with the issue and to determine if the issue has any effect on your ability to serve in the Children's/Disability Ministry. Our questions are not graphic, but they are frank. Young people, please give the application to your parents to read before you complete it. Parents, please read through the entire application before helping your young person complete it. You may want to read the questions in Part 2 aloud (making any age appropriate language changes). Please feel free to speak with one of us if you have any questions.

Completed applications should be returned in a sealed envelope, either at church or via the mail.

Thanks again for your desire to serve the parents and children of our church,

Kim Clark

Director of Children's Ministry

31 Mace Road, Medford, OR 97501

Kdclark01@charter.net 541-601-2042

Mandi Meador

Nursery Coordinator

mandimeador@yahoo.com 541-930-1219

Debbie/Tom Eastwold

Disability Ministry

3076 Cheltenham Way, Medford, OR 97504

tdmleatwold@msn.com 541-282-3410



Children's/Disability Ministry Application – Part 1

Name: _____ Date: _____

Mailing Address: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

How long have you attended BCC? _____

Are you a Christian? Yes No

If no, can you explain why not? If yes, how do you know that you are a Christian and how long have you been a Christian?

Are you enthusiastic about and committed to the ministry of BCC? If no, can you explain your hesitation?

What would you say are your spiritual gifts and how might they be used in the role for which you are applying? (See lists of some spiritual gifts in passages like Roman 12 and Ephesian 4)

Please list all churches you have regularly attended in the past 5 years:

Church, City, State, Years Attended

1. _____
2. _____
3. _____

Please list the names of three people, other than family members, who know you well:

Name, Email, Phone

1. _____
2. _____
3. _____

Please describe any previous experience, volunteer or paid, with children or youth.

What area of the Children's/Disability Ministry are you interested in? If you are not sure about the positions are, you can mark other and describe what you would like to do, or if you have questions, you can leave the question blank and we can discuss it.

(Not all positions currently exist.)

- | | |
|--|--|
| <input type="checkbox"/> Caregiver (Nursery) | <input type="checkbox"/> Special Event Coordinator (e.g. Christmas Program) |
| <input type="checkbox"/> Sunday School Assistant | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Sunday School Teacher | <input type="checkbox"/> Children's Worship/Choir |
| <input type="checkbox"/> Sunday School Coordinator | <input type="checkbox"/> Disability Buddy |
| <input type="checkbox"/> Substitute Teacher | |
| <input type="checkbox"/> Other | |

What motivates you to want to serve in this capacity?

Please describe any gifts, training or education that will help you in your ministry to children.

Bear Creek Church and its agents have permission to contact my references.

Signed: _____ Date: _____

(Parents signs for minor)

Parent's Name (if applicant is minor): _____



Children's/Disability Ministry Application – Part 2

Confidential Information

Applicant's Name: _____

The following questions help us provide a safe environment for the children and adults in the Children's/Disability Ministry. Answering "yes" to any of the questions does not necessarily disqualify you from serving in the Children's/Disability Ministry. A pastor or elder may talk with you in private though to find out if you need help dealing with the issue and to determine if the issue has any affect on your ability to serve in the Children's/Disability ministry.

If you prefer not to answer the questions in writing, you may leave them blank and a pastor or elder will talk with you personally and privately.

Have you ever been convicted of or plead guilty to a crime (other than minor traffic violations)?

Yes No I would like to discuss

Comments or Explanations:

Have you ever had inappropriate contact with a minor?

Yes No I would like to discuss this

Comments or Explanations:

Have you deliberately and repeatedly viewed pornography in the past three years? (This includes reading, watching, listening to or in any other way using pornographic material.)

Yes No I would like to discuss this

Comments or Explanations:

Is there anything about you, your life or recent past that might affect your ability to minister to children or that you would like pastoral help to deal with?

Yes No I would like to discuss this

REFERENCE: Pastor, Friend or Employer

(Please circle which category applies to your relationship with the applicant)

Please ask a minimum of 2 people to complete the reference form and return directly to the Children's Ministry Director or Disability Ministry Team member at Bear Creek Church. If you are not employed, ask someone who supervises you in a volunteer position.

To be completed by the applicant

| | |
|---------|---|
| Name | Today's Date |
| Address | Phone Number |
| Email | Position applying for (circle one) Teacher/Assistant Substitute/Buddy |

I waive my right of access to this form and release all references from any liability for information provided in good faith.

Signature

Date

To be completed by the person giving the reference

The above individual is applying to serve in the Children's/Disability Ministry at Bear Creek Church. He or she has listed you as a reference and is asking for your response as a part of their application process. We are looking for loving, friendly, tender-hearted individuals who love the Lord with their whole heart and who want to share that love with the next generation. Please answer all questions honestly and to the best of your ability.

How long have you known the applicant? _____

In what capacity? _____

Do you believe that this applicant would be a good addition to our Children's/Disability ministry team? Why or why not?

Have you had any opportunities to observe the applicant's interaction with children?

Do you have any reason to doubt the applicant's suitability to work with children?

Can you describe briefly some of the applicant's gifts and abilities (as you see them) that will help him/her serve in our Children's/Disability Ministry?

At what level would you recommend this applicant:

- Strongly Recommend
- Recommend
- Recommend with Hesitation
- Would Not Recommend

Please add any additional comments or concerns.

Thank you for your time. Your responses will remain completely confidential.

Signature

Date

Print Name

Phone

Email

Please mail or email this form to:

Director of Children's Ministry
Kimberly Clark
31 Mace Rd
Medford, OR 97501
Kdclark01@charter.net

Disability Team Ministry
Tom or Debbie Eastwold
3076 Cheltenham Way
Medford, OR 97504
tdmleastwold@msn.com

Nursery Coordinator
Mandi Meador
mandimeador@yahoo.com



Disclosure and Authorization Form to Obtain Consumer Reports for Employment (Volunteer) Purposes

Please Read Carefully Before Signing the Authorization

Disclosure

In considering you for employment or volunteer service and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Bear Creek Church ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- A "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records: and
- An "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well a written summary of your rights under the Fair Credit Reporting Act ("FCRA"). Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the bases, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and summary of your rights under the FCRA.



Authorization

I have read and understand the forgoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact my current employer for Employment and Reference Verifications (his will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your Application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

| | | |
|--|--|--------------------|
| _____ | | _____ |
| Applicant Signature | | Date |
| _____ | | |
| Last Name | First Name | Middle Name |
| _____ | | |
| Current Address | Dates lived here | |
| Addresses for the Past 7 Years: (include street, city, state, zip code): | | |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| | | Dates of Residence |
| _____ | | |
| Date of Birth | Other Names Used (including maiden name) | Years used |
| _____ | | |
| Social Security Number | Driver's License # | |
| _____ | | |

Email address (may be used for official correspondence)

I have the right to make a request to IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which Intellicorp Records, Inc. has previously furnished within the two year period preceding my request.

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

| | | |
|--------------|---------------------|-------|
| _____ | _____ | _____ |
| Printed Name | Applicant Signature | Date |