



# ***CHURCH IN THE NOW***

## **Qualifications for Children's and Youth Workers**

Christians who are in places of responsibility in the church should to be examples in faith, conduct, and business affairs. To maintain a high standard for workers is one of the best ways to present Christ to the people of our community. Therefore, the following guidelines will be asked of any person who works in the Children's Education or Youth Ministries at Church In The Now.

1. Must be in agreement with tenants of faith of CITN.
2. Be a member of CITN.
3. Be able to make a minimum of six month commitment.
4. Complete a Children/Youth Worker Application.
5. Be loyal to the Bishop and leaders of CITN.
6. Be faithful to your assigned position.
7. Seek the Kingdom in your everyday life.
8. Attend all workers' meetings and workshops.
9. Be faithful and attend regular church services.
10. Give at least three (3) days notice if you will be absent.
11. Be at your designated post thirty (30) minutes before starting time.
12. Be neat in your appearance.
13. Give thirty (30) day notice when resigning a position.

Please read and sign:

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

Signature

Date

### **FOR OFFICE USE ONLY**

<b>Preferred Day/Time:</b>				<b>Frequency:</b>		<b>Age Preference:</b>
Sunday	Sunday	Sunday	Wednesday	Once A Month	Twice A Month	
9 a.m.	11 a.m.	7 p.m.	7 p.m.	All Month	Other:	_____

# Children/Youth Worker Application

## Confidential

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Male  Female Birth date: \_\_\_\_\_ Marital status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Spouses name (if married): \_\_\_\_\_ Anniversary date (if married): \_\_\_\_\_

Will your spouse be involved in children's ministry? **Y N** Maiden Name: \_\_\_\_\_

Alias (or other names you've gone by): \_\_\_\_\_

Present Employer: \_\_\_\_\_

Can we call you at work? **Y N** Work phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Are you a member of CITN? **Y N** How long have you attended CITN? \_\_\_\_\_

Have you been born again? **Y N** Where? \_\_\_\_\_

Have you been filled with the Holy Spirit (according to Acts 2:4)? **Y N** Year? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Have you been baptized in water? **Y N** If yes, where? \_\_\_\_\_

Do you give to the covenant connection (tithe) on a regular basis to CITN? **Y N**

List names ( and address) of other churches you have attended regularly during the past five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Authorization For Release Of Information

In connection with my application for volunteer/or compensated service with Church In The Now, Conyers, Georgia, I authorize Church In the Now, and their respective agents to solicit background information relative to any criminal record history.

**I AUTHORIZE WITHOUT RESERVATION, ANY PERSON, AGENCY OR OTHER ENTITY CONTACTED BY CHURCH IN THE NOW, OR THEIR AGENTS TO FURNISH THE BELOW MENTIONED INFORMATION.**

Full Name (print clearly) \_\_\_\_\_

A. K. A. or Maiden Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_

Gender	Race	Date of Birth	Social Security Number
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List all addresses during the past 15 years: (Use separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize *Church In The Now* to receive any criminal history record information pertaining to me which may be in the files on any state or local criminal justice agency in Georgia.

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

Affix Notary Seal Here:

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

# Do You Believe:

## TENETS OF FAITH (based on the Apostles' Creed)

### THE APOSTLES' CREED (Modern English Version)

I believe in God, the Father Almighty, Creator of heaven and earth. I believe in Jesus Christ, God's only Son, our Lord, Who was conceived by the Holy Spirit, Born of the Virgin Mary, suffered under Pontius Pilate, was crucified, died and was buried; He descended to the dead. On the third day He rose again; He ascended into heaven, He is seated at the right hand of the Father, and He will come again to judge the living and the dead.

I believe in the Holy Spirit, The holy catholic\* church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.

[\*catholic (lower case), meaning the church universal, the Body of Christ. This term is not to be confused with Roman Catholicism, but is accepted by Roman Catholics and Protestants alike. Webster defines "catholic" as "broad-minded, as in belief or tastes; liberal; comprehensive; large; universal in reach; general."]

Yes, I am in agreement with the above. \_\_\_\_\_ (initials)

Have you ever led a child to Christ?      **Y**   **N**

Have you ever helped a child receive the Holy Spirit?      **Y**   **N**

Have you ever been involved in children's or youth ministry before?      **Y**   **N**

If yes, in what areas? \_\_\_\_\_

With what church or organization? \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children's work?      **Y**   **N**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?      **Y**   **N**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you presently have any communicable diseases (including HIV or AIDS) ?      **Y**   **N**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke? **Y**   **N**      Drink alcoholic beverages: **Y**   **N**      Use illegal drugs? **Y**   **N**

Why do you want to be involved in children's or youth ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Areas of Interest

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Assistant Teacher         | <input type="checkbox"/> Floor Coordinator/Security | <input type="checkbox"/> Projection            |
| <input type="checkbox"/> Classroom Monitor         | <input type="checkbox"/> Art                        | <input type="checkbox"/> Visitor/Info Center   |
| <input type="checkbox"/> Classroom Host/Helper     | <input type="checkbox"/> Carpentry                  | <input type="checkbox"/> Bus Driver            |
| <input type="checkbox"/> Sewing/Costume/Set Design | <input type="checkbox"/> Outreach                   | <input type="checkbox"/> Security              |
| <input type="checkbox"/> Musician                  | <input type="checkbox"/> Lighting Tech/Operator     | <input type="checkbox"/> Drama                 |
| <input type="checkbox"/> Praise & Worship          | <input type="checkbox"/> Food/Cafe Service          | <input type="checkbox"/> Bulletin Board Design |
| <input type="checkbox"/> Writing Creative Skits    | <input type="checkbox"/> Check-In Kiosk             | <input type="checkbox"/> Intercessory Prayer   |
| <input type="checkbox"/> Photographer              | <input type="checkbox"/> Sound Tech/Engineer        | <input type="checkbox"/> Computer/Graphics     |
| <input type="checkbox"/> Puppet Team               | <input type="checkbox"/> Greeters                   | <input type="checkbox"/> Other (list)          |
| <input type="checkbox"/> Video                     | <input type="checkbox"/> Resource Center            | _____  |

## Personal References

(No employees or relatives)

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Pastoral References

(Former Senior Pastor, Associate Pastor or Ministerial Supervisor)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for helps ministries. I release all such references from liability for any damage that may result from furnishing such evaluations to you and 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 constitution and by-laws and policies of CITN, and to refrain from unscriptural conduct.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for applying to help in the *CITN* Children's /Youth Ministry.**  
**Please return this form with your Ministry Application to the Children's or Youth Pastor or their representative.**