

CHILDREN'S MINISTRY APPLICATION

livingwatersfellowship

Full Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Age: Under 18 18 – 25 Over 25

In which children's programs do you want to become involved?

- Nursery (newborn to 2 year olds)
- Puddles (3 to 4 year olds)
- Waves (K to 3rd grade)
- DIVE! (4th to 6th grade)

Have you at any time ever:

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded guilty or no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of :

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail. _____

(Please attach additional pages if more space is needed.)

References (Other than relatives and at least one outside of Living Waters Fellowship.)
Please provide at least two.

Name/Relationship

Phone

Children's Ministry Verification and Release

I recognize that Living Waters Fellowship (LWF) is relying on the accuracy of the information I provide on the Children's Ministry Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize LWF to contact any person listed on the Children's Ministry Application form, and I further authorize any such person to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release LWF and any such person listed on the Children's Ministry Application form from liability involving the communication of information relating to my background or qualifications. I further authorize LWF to conduct a criminal background investigation if such a check is deemed necessary.

I agree to protect the health and safety of the children assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

(Please read this document carefully before you sign it.)