

# Graham Community Church

## Application For Children or Youth Ministry

*Whoever then humbles himself as this child, he is the greatest in the kingdom of heaven.  
And whoever receives one such child in My name receives Me.  
Matthew 18:4-5*

To properly protect the children and workers of Graham Community Church, all those serving in ministry with children and youth need to provide the following information. All information is kept strictly confidential. Your church leaders, including the Pastors and Deacons have also completed this form.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ (optional)

Drivers License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Race \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Previous state of residence (if applicable) \_\_\_\_\_ Dates \_\_\_\_\_

Are you a born-again believer in Jesus Christ? Please explain briefly \_\_\_\_\_

---

---

---

Are you a member of Graham Community Church? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when did you become a member of Graham Church? Year and month \_\_\_\_\_

\_\_\_\_\_

During your lifetime, have you ever been accused of child molestation, child abuse, assault, or sex offenses of any nature?

YES \_\_\_ NO \_\_\_

If yes, please explain the nature of the accusation, charge, or conviction.

---

---

---

**OVER**

Please list all previous church work involving youth (include Church name, type of work performed, and dates)

---

---

---

---

---

---

---

Please list all previous non-church work involving youth (include organization name, type of work performed, and dates)

---

---

---

---

---

---

---

The information contained in this application is correct to the best of my knowledge. I authorize the staff of Graham Community Church to contact my previous churches or youth organizations for information or their opinions concerning my character and fitness for youth work. I also understand any allegations of child abuse within the church will be taken seriously and reported to proper authorities according to state requirements. I am aware that the information above will be used to access LIEN (i.e. State Police Records) for the purpose of obtaining criminal history of abuse and will be kept strictly confidential.

I agree to be bound by the ministry policies of Graham Community Church, and refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to leader who gave it to you or to one of the elders. Thank you!