

QUALIFICATIONS FOR ALL DCF CHILDREN'S MINISTRY SHEPHERDS

Christians who are in places of responsibility in the church are required 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 required of any person who works in Children's Ministry at Dayspring Christian Fellowship.

1. Must be in agreement with the tenets of faith of DCF.
2. Be able to make a minimum six-month commitment.
3. Complete a Children's Ministry Shepherd Application.
4. Be loyal to the pastor and leaders of DCF.
5. Be faithful to your assigned position.
6. Live a separated Christian life.
7. Attend all shepherds' meetings and workshops.
8. Be faithful to attend regular church services.
9. Give at least three (3) days notice if you know you will be absent.
10. Be at your designated post Fifteen (15) minutes before starting time.
11. Be neat in your appearance.
12. Complete appropriate shepherds' training course(s) required in your area of ministry.
13. Give thirty (30) days notice when resigning your 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

CONFIDENTIAL

This application is to be completed by all applicants for any position (volunteer or compensated) within Dayspring Christian Fellowship. It is being used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail : _____

Phone: (_____) _____ Drivers License No. and State _____

Male Female Birth date: _____ Marital status: _____ No. of children: _____

Spouse's name (*if married*): _____ Anniversary date (*if married*): _____

Is your spouse involved in a Children's Ministry? yes no If yes, where: _____

Maiden name: _____ Your SS# ('s) present and past: _____

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

Present employer: _____

May we call you at work? _____ Work phone: (_____) _____

Are you a member of DCF? _____ How long have you attended DCF? _____

Have you been born again? _____ If yes, where? _____ Year: _____

Have you been baptized in water? _____ If yes, where? _____

Do you tithe on a regular basis to DCF? _____

Have you ever completed a Children's Ministry Shepherd Application? _____ Yes _____ No

If yes, for what department? _____ and when? _____

DO YOU BELIEVE?

Yes No

____ In the virgin birth and deity of our Lord Jesus Christ?

____ That Jesus is God's Son and the only sacrifice for sin?

____ That man must be born again to receive eternal life?

____ In eternal reward for the believer? (Heaven)

____ In eternal damnation for the lost? (Hell)

____ In the infallibility of the scriptures?

____ That Jesus arose bodily from the dead?

____ In the infilling of the Holy Spirit?

List (name, address & phone #) 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 Christian service:

Have you ever led anyone to Christ? _____

Have you ever helped anyone receive the Holy Spirit? _____

Have you ever been involved in children's ministries before? _____

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 helps ministries? _____ Yes _____ No

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? _____ Yes _____ No

If you answered yes, please explain: _____

Have you been involved in homosexual activity within the last five years? _____ Yes _____ No

Do you presently have any communicable diseases (*including HIV or AIDS*)? _____ Yes _____ No

If yes, please explain: _____

Do you have any habit or practice that might bring embarrassment to you or DCF and dishonor to God's kingdom? _____ Yes _____ No

If yes, please explain _____

Why do you want to be involved in the DCF Children's Ministry? _____

Worker's Information Manual

Indicate Areas of Interest

- | | | |
|--|---|--|
| <input type="checkbox"/> Awana | <input type="checkbox"/> Musician | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Toddler Nursery | <input type="checkbox"/> Pre-School (3-5) | <input type="checkbox"/> Mission 180 (Age 6- 12) |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Set-up | <input type="checkbox"/> Media |
| | | <input type="checkbox"/> Sign-In |

If you mark more than one area, please put a number to indicate the order of your preference.

Which service(s) do you normally attend? (Sunday 1st) (Sunday 2nd)

Which service(s) would you be able to work in? (Sunday 1st) (Sunday 2nd)

Is your spouse and/or family in agreement with you working in Children's Ministry? _____

Personal References

(Not employees or relatives)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Pastoral Reference

(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 children's 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 DCF, and to refrain from unscriptural conduct.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____

Children's Ministry Authorization For Release of Information

In connection with my application for volunteer service with Dayspring Christian Fellowship, I authorize Dayspring Christian Fellowship and, or, The State of Texas Child Protective Services, and or, ACCUFAX Div., Southwest Inc., their agent, to solicit background information relative to my criminal record history. I understand that Dayspring Christian Fellowship may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by Dayspring Christian Fellowship, or Texas Child Protective Services, or ACCUFAX Div., Southwest Inc., their agent, for purposes of obtaining background report information, to furnish the above mentioned information.

I release Dayspring Christian Fellowship, their respective employees, Texas Child Protective Services or ACCUFAX Div., Southwest Inc., their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Please Print

Last Name _____ First Name _____ Date of Birth _____
City of Birth _____ County _____ State _____
Alias/Married/Maiden Name _____ Social Security Number _____
State Drivers License or State ID # _____ State _____
Race - White ___ Black ___ Asian/Pacific Islander ___ American Indian/Alaskan Native ___

(Please note: if your address is a rural route or post office box, we must have the city and county that your mail is delivered to.)

Last five (5) years residences in Texas?

Current Address _____ How long at this address? _____
(months, years)

City _____ County _____ State _____ Zip Code _____

Previous Address _____ How long at this address? _____
(months, years)

City _____ County _____ State _____ Zip Code _____

Previous Address _____ How long at this address? _____
(months, years)

City _____ County _____ State _____ Zip Code _____

Signature _____ Date _____

Thank you for applying to serve in the Children's Ministry.
Please return this form with your Children's Ministry Shepherd Application to the appropriate minister or coordinator.

Children's Ministry Shepherd Follow-up Record

To be filled out by Children's Pastor or Leader

Application received date: _____

Name: _____

Acknowledgement letter sent: _____ Date By: _____ Sender's Initials

Follow-up to be completed by: _____

Reference #1: Name: _____ Date Contacted: _____

Method of contact: _____ Relationship: _____

How long have they known the applicant? _____ Other comments: _____

Reference #2: Name: _____ Date Contacted: _____

Method of contact: _____ Relationship: _____

How long have they known the applicant? _____ Other comments: _____

Previous Pastor's reference: Name: _____ Date contacted: _____

Church name: _____ Method of contact: _____

How long have they known applicant? _____ Comments: _____

Criminal history investigation ordered: _____ Date: _____

Results: _____

Recommendations of minister conducting follow-up: _____

Signed: _____ Date: _____

Approved for interview by: _____ Date: _____

Children's Ministry Director

Children's Ministry New Worker Interview Record

To be filled out by Children's Pastor or Leader

Applicant: _____ Date: _____

Ministry(ies) interested in: _____

Person(s) completing interview: _____

Application approved: _____ Date _____ Follow-up approved: _____ Date _____

Special talents:

Areas most interested in: _____

Results of interview: _____

Recommended by: _____ Date: _____

Approved for service by: _____ Date: _____

Ministry assigned to: _____

Service assigned to: _____

Task: _____

Job description/responsibilities given to them: _____

Start date: _____

Comments: _____

