

APPLICATION FOR KIDS AND YOUTH MINISTRY



The next generation is SO important to us. We want to grow a team of committed volunteers who can truly love God and share that love with kids and youth.

Qualifications for involvement in ministry at Covenant Grove Church: (see 1 Tim 3.8-13)

- A personal commitment to Christ – authentically growing in your relationship with Him.
 - a. Growing in Discipleship (loving God), Fellowship (loving God’s family) and Mission (loving the lost, needy and hurting).
 - b. Making a commitment to living out the key GROWING commitments of Covenant Grove: God’s Word, Relationships (Life Groups), Offering, Worship, Impact (serving outside of church), New Life (sharing Jesus), and Gifts.
- A willingness to share God’s love and your faith with those you are serving.
- A biblical model of Christian behavior in your actions, speech, faith, and attitude.
- Participation and enthusiasm in supporting the mission, staff, ministry, and programs of the church.
- A signed Commitment Document.

BASIC INFO

Date: _____

Legal Name: _____ Nickname: _____
First Name and Last Name

Birthdate: _____ Job: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Other churches (name & address) you have attended regularly during the past five years.

I will regularly be attending the worship service in addition to my regular involvement in ministry:

YES NO

BACKGROUND

Have you ever been convicted of child abuse? YES NO

Have you ever been convicted of a felony? YES NO

A Live Scan Background check is required to serve in this ministry. (see attached form)

On a separate piece of paper, please briefly answer these questions:

1. Describe your spiritual journey, and where you are with the Lord now.
2. What experience do you have in working with children/students?
3. What are your talents, gifts, and passions?
4. List three references (previous pastors, close friends, etc.) whom we can call.
List their name, email, and phone.

Thanks for taking time to fill this out. Turn this in to the Kids Minister or Youth Pastor, and someone from our team will contact you very soon!

SIGNATURE: _____

“To transform religious and irreligious people into Fully Devoted Followers of Christ.”

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COVENANT GROVE SAMPLE BACKGROUND CHECK

Children and Youth Ministry

For Workers with Children and Youth at Covenant Grove

Live Scan Sample Fill Out

The bold is the questions on the form, the regular text is how you answer that question, and the highlighted is where you put your personal information. If there are other questions on the form then you don't need to answer them unless they are outlined here.

ORI: AM942

Type of Application: Volunteer/VCA

Job Title: Child/Youth Volunteer

Agency Address:

Agency: Covenant Grove Church

Mail Code: 23429

Street: 4825 Roselle Ave

Contact Name: Alex Hardt

City: Modesto, CA 95357

Phone: 209-502-4776

Name of Applicant: Your Info

Your Alias: Your Info

Driver's License NO: Your Info

Date of Birth: Your Info

Misc No Bill: N/A

Height: Your Info

Misc No: _____

Eye Color: Your Info

Home Address: Your Info

Place of Birth: Your Info

SOC: Your Info

Your Number: Your Info (if you have one, you probably don't)

Level of Service: DOJ

If resubmission, list Original ATI: Your Info (if you need too)

Employer: Your Info

*LIVE SCAN WEBSITE

To Find a Live Scan near you

<https://oag.ca.gov/fingerprints/locations?county=Stanislaus>

Questions regarding Live Scan

<https://oag.ca.gov/fingerprints>



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AM942 Volunteer/VCA
 ORI (Code assigned by DOJ) Authorized Applicant Type

Child/Youth Volunteer
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Covenant Grove Church	23429
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
4825 Roselle Ave	Alex Hardt
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Modesto	(209) 502-4776
City	Contact Telephone Number
Ca 95357	
State ZIP Code	

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		Suffix
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Billing Number N/A	
	Eye Color	(Agency Billing Number)	
	Hair Color	Misc. Number	
Place of Birth (State or Country)	Social Security Number	(Other Identification Number)	
Home Address Street Address or P.O. Box	City	State	ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
 (Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name	Mail Code (five digit code assigned by DOJ)
Street Address or P.O. Box	
City	State ZIP Code
	Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	ATI Number
LSID	Amount Collected/Billed