



Dream Team Application

Thank you for your interest in becoming a part of Church in The Son's Children's Department. For the physical and spiritual well being of our kids, we do need to know you a little better, so please fill out the information below and return this form to the Children's Director. We do require that before working with children that you have been in attendance at Church In The Son for at least **SIX MONTHS**, have a clear background check, and attend **Roots**.

Personal Information

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

City, Zip: _____

Cell Service Provider: _____

E-Mail: _____

Date of Birth: _____

Occupation: _____

Place of Employment: _____

Please check all that apply: ☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ Widow/er

Family Information

Please Note: If spouse is also applying for ministry, please fill out a separate application.

Spouse's

Name: _____

Date of Birth: _____

Occupation: _____

Name/Ages of Children:

Spiritual Information

Are you a born-again Christian? _____

Approximate Date _____

Is your spouse a born-again Christian? _____

Approximate Date _____

Date baptized by immersion _____

Were you baptized at Church In The Son? _____

Do you understand the vision of the church? _____

Are you baptized in the Holy Spirit? _____

Do you read the Word regularly? _____

Do you pray regularly? _____

Do you have any habits or areas in your personal life or past that might hinder your service of ministry?

Practical Information

Which Sunday service do you regularly attend: ☐ 9:00 AM ☐ 11:00 AM

In which service would you like to serve: (Sunday) ☐ 9AM ☐ 11AM ☐ Wednesday

How often would you be like to serve: ☐ Weekly ☐ Every Other Week ☐ 1xMonth ☐ 2xMonth Other: _____

Please check preference: ☐ First Week ☐ Second Week ☐ Third Week ☐ Fourth Week ☐ Fifth Week

In what area of ministry would you like to serve:

☐ Zone Leader (Elementary) ☐ Check In ☐ Greeter ☐ Media ☐ Drama ☐ Set Design ☐ Activities/Games

☐ Buddy Care ☐ Lead Teacher (Pre-K) ☐ Adult Volunteer ☐ Prayer ☐ Set Up/Tear Down

What age group do you desire to work with? ☐ Birth-23 mos. ☐ 2's ☐ 3's ☐ 4/5's ☐ 6-10 yrs.

Would you be able to arrive at least 30 minutes prior to service starting? _____

Would you be available for special events, i.e., Family events, holidays, etc.? _____

Do you support the vision of the Pastor and this church with your whole heart? _____

Do you belong to a Small Group? _____ If yes, how long have you been attending? _____

Who is your group leader? _____

How long have you been attending Church In The Son? _____ Have you attended Roots? _____

What was the name of the last church you attended? _____

Why do you wish to serve in this ministry? _____

What spiritual gifting or skills do you have that you feel would be an asset for ministry to children? _____

Have you been charged with a crime? _____ Have you ever been arrested? _____

Please provide the name and phone number of at least one character reference other than a family member: _____

Statement of Support

I will support the pastoral team and I will follow their instructions concerning my area of ministry without deviation. I will always seek to promote unity and love at the church and in my area of ministry. I will not gossip or betray a confidence. I will report all problems, questions, needs or complaints that I see at the church or in my ministry to one of the Pastors, and I will inform the same if I am not able to fulfill my ministry for whatever reason.

Signature _____

Date _____

Background Check Authorization

Church in the Son reserves the right to perform background checks on any of its workers due to legal and/or discretionary purposes. Applicant’s birth date, social security number, current address, and signature are required. This information is to be completed by all applicants for any position (volunteer or compensated) who will be working with minors. This information is confidential, and will be used to provide a safe and secure environment in our programs and facilities. Background checks will be renewed every five years.

The information contained in this application is true, complete, and correct to the best of my knowledge. I, the undersigned, give my authorization to Church in the Son or its representatives to perform a background check for record purposes where necessary, and for such information from national, state, and local law enforcement agencies to be released to:

**Church in the Son
4484 John Young Parkway
Orlando, FL 32804**

PLEASE PRINT:

Last Name	First Name	Middle Initial
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Current Address: Street, City, State, Zip Code
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Social Security Number	Date of Birth
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Signature	Date
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Please complete and return to the Kids In The Son Elementary Director or Pre-K Director

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