

# Youth Student Ministry Application

## First Baptist Church of Indian Trail

This survey is to be completed by all those desiring a ministry position involving the supervision or custody of minors (18 years old and under) It is being used to help the church provide a safe and secure environment for those students who participate in our programs and use our facilities.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Address

\_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_ If less than five years, give previous address and number of years:

Years \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Spouses Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Phone No. \_\_\_\_\_

No. of children \_\_\_\_\_ Ages \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Email \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_ Briefly describe \_\_\_\_\_

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Are you a member of First Baptist? \_\_\_\_\_ How long have you attended First Baptist? \_\_\_\_\_ What area of ministry do you desire to be involved in? \_\_\_\_\_

Please check the services or groups you regularly attend:

Sunday Worship A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ Sunday Evening \_\_\_\_ Wednesday \_\_\_\_ Sunday School A \_\_\_\_ B \_\_\_\_ C \_\_\_\_

What leadership/volunteer experience have you had with students? List all previous church work or other work involving students (Identify place and type of work - list supervisors). \_\_\_\_\_

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List any gifts, training, education or other factors that have prepared you to work with students. \_\_\_\_\_

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### Age/Grade Preference:

6th                      7th                      8th                      9th                      10th                      11th                      12th                      College

Please list any other First Baptist ministries you are involved in: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

Applicants Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Expires \_\_\_\_\_

Do you have any medical training or are you CPR certified? \_\_\_\_\_ Explain \_\_\_\_\_

**Local Personal References: (Must be over 18 years old and non-related to you)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_

The questions listed below are a part of our interview process in order to help provide a safe and secure environment for our students. All information is held strictly confidential by the church professional staff. Answering yes to any of the questions may not necessarily preclude your involvement in ministry. Thank you for your understanding.

Have you had any painful experiences in your life that have better equipped you or may hinder you from a productive ministry with students? \_\_\_\_\_ Would you like to meet with a pastor regarding this circumstance? \_\_\_\_\_

Do you use illegal drugs? \_\_\_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

Have you ever been arrested for a criminal offense excluding minor traffic violations? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any sexually related crimes? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any abuse related crimes? \_\_\_\_\_

Are there any circumstances involving your life-style or your background that would call into question your ability to work with students, such as co-habiting as a married couple? \_\_\_\_\_

If you answered yes to any of the above questions please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and fitness for working with students and I release all such references from liability for any damage that may result from furnishing such evaluations to you and I understand that any omission of material fact on this application may be grounds for rejection of this application. I understand that I this form must be on file in order for me to serve in a leadership role with children.

**First Baptist Teacher's Covenant**

having committed to the ministry of teaching and the habits essential for spiritual maturity, and having attended new teacher orientation, I commit to...

- \* prepare for ministry by maintaining my personal relationship with Christ.
- \* support the teaching ministry by praying for the church and Sunday School, Ministry Staff, the other teachers, and specifically the students in my class.
- \* co-operate with other ministries and place the greater good of the whole body over the needs of my ministry.
- \* my personal growth and education by participating in teacher training.

Should my application be accepted, I agree to follow the Policies of First Baptist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that the personal information will be held confidential by the church professional staff.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**APPLICANT CHECK LIST** (For office use only)

Name \_\_\_\_\_ Orientation attended \_\_\_\_\_

Interview date \_\_\_\_\_ By \_\_\_\_\_

Reference checks \_\_\_\_\_

Work reference \_\_\_\_\_

Date & Class observed \_\_\_\_\_

Placement: Day & Service, Age or Grade \_\_\_\_\_

Position \_\_\_\_\_ Start date \_\_\_\_\_

Comments \_\_\_\_\_

Confirmed with applicant: Date \_\_\_\_\_ By \_\_\_\_\_

# 832 Leadership Covenant

First Baptist Church of Indian Trail Student Ministries \* P.O. Box 2550 \* Indian Trail, NC 28079 \* 704-882-1005

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*Purpose: To lead teenagers into a growing relationship with Christ.*

*M-life: Ministry is life... M-life gives students practical outlets where they can learn to serve God and serve others. There are numerous M-life teams from worship to outreach to tech.*

## Objectives

1. Reach teenagers with the Gospel.
2. Teach the Bible as presented in the Lifegroup Curriculum.
3. Minister to the needs of the students in your class.
4. Support the total 832 student ministry
5. Support the total ministry of the Church.
6. Maintain a lifestyle that is beyond reproach. (Abstain from use of alcohol, tobacco and other drugs. Also be careful about the kind of music you listen to and the movies you watch.)
7. Equip students to be involved in service.
8. Help students develop a sense of belonging through healthy personal relationships.

## Specific Responsibilities

1. Attend leadership-training times and fellowships.
2. Be in the Youth building 10 minutes before the start of Sunday School.
3. Contact the Student Ministry Office if you are unable to attend meetings.
4. Secure a Substitute for the Sundays you know in advance you will be absent.
5. Build a discipleship relationship with at least one member of your class.
6. Pray for your students on a weekly basis.
7. Contact your students when they are absent (write, visit, and call)
8. Inform the 832 Ministry office when you become aware of needs or hurts among your students, i.e. surgery, divorce, separation, and the like.

In regard to the lifestyle of leadership in the 832 Ministries Department, we feel it is our responsibility to hold you accountable in areas that may jeopardize either your effectiveness as a minister or our reputation as a department. As a leader, you are a representative of the 832 Student Ministries Department – both in your participation on Sundays and Wednesdays, as well as your activities throughout the week. Therefore, we reserve the liberty to bring to your attention any activities, habits, or relationships that may limit your potential as a leader or our effectiveness as a department.

*I have read these objectives and responsibilities. I will purpose to fulfill them to the best of my ability. I understand that if my behavior in any way jeopardizes the effectiveness of my ministry to students, the 832 Student Ministries Leadership may call me to give an account.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST BAPTIST CHURCH OF INDIAN TRAIL  
Authorization For Release of Background Information

Volunteer 421907

In connection with my application for volunteer service with FIRST BAPTIST CHURCH OF INDIAN TRAIL, I authorize FIRST BAPTIST CHURCH OF INDIAN TRAIL and, any investigative agencies or bureaus they chose, to solicit background information relative to my criminal record history. I understand that FIRST BAPTIST CHURCH OF INDIAN TRAIL may conduct inquiries into my background that may include criminal records, driving records, personal references and other public record reports pertaining to me.

**I authorize without any reservation, any person, agency, or other entity contacted by FIRST BAPTIST CHURCH OF INDIAN TRAIL in compliance with applicable laws or statutes, for purposes of obtaining background report information, to furnish the above mentioned information.**

**I release FIRST BAPTIST CHURCH OF INDIAN TRAIL, their respective employees, 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.**

**Requested by: 421907**

**PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Drivers License # and State \_\_\_\_\_

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

AKA/ Maiden Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Please note: if your address is a rural route, or post office box, we must have City & County where mail was delivered.**

Current Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_

St. \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_

St. \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_

St. \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (Months/Years) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Thank you for applying to help in the ministry at FIRST BAPTIST CHURCH OF INDIAN TRAIL.