



# Ministry Application

*Children, Students, College,  
& Disabilities Ministries*

**Grace Fellowship Church**

— Confidential —

## GETTING INVOLVED WITH CHILDREN/STUDENT/DISABILITY MINISTRY

- 1. Application:** All individuals working with children, students and those with disabilities will need to complete and return this application.
- 2. Interview:** Applicant will be contacted by a Ministry staff member for an interview.
- 3. Reference Check:** References provided on the application will be verified and a criminal records check run for all applicants..
- 4. Ministry Commitment Period:** Since the heart of our GFC Children, Student Ministry & Disability Ministries is "RELATIONSHIPS," it is strongly encouraged that your commitment be at least six months to a year.
- 5. Training:** Training will be provided to all new team members.
- 6. Assignment:** New volunteers will be assigned accordingly.
- 7. Team Member:** New volunteers will become an integral part of the Ministry Team, attend on-going training sessions, experience the impact in the lives of children and students, and live out their SHAPE.

**NAME:**

**DOB:**

**Mailing Address:**

**Day Phone:**

**Evening Phone:**

**Email Address:**

**Please circle those that apply:**

Male    Female    Trained Teacher    Member of a Small Group    Parent

Single    Married    Previous experience teaching children/students

Have attended GFC Spiritual Gift Seminar (SHAPE class)    YES    or    NO

**If applicable, list children with ages:**

Are you now, or have you completed a recovery process for substance, alcohol, or drug addition?    Yes    No

If Yes, what has been your recovery program?

Have you ever been convicted of child abuse or a crime involving a minor?

Yes    No

If Yes, explain.

*If you prefer, you may write in response to these questions, "I would prefer to privately discuss these questions with a Children, Student or Disabilities Ministry Director."*

**Please complete a background check by going to the following website  
[grace.keepntrack.com/apply](http://grace.keepntrack.com/apply)**

# ACTIVITY & MINISTRY INTEREST

- ◆ How long have you been attending GFC?
- ◆ Which campus do you attend worship?  
Grace (Timonium)      GraceCity (Baltimore)
- ◆ Circle the hour you regularly attend GFC worship:  
**Saturday** 6:00 PM  
**Sunday:** 9:30 AM      11:15 AM      10:30 AM (GraceCity)
- ◆ If you attended a church before GFC, what was the name of the church?
- ◆ List other GFC ministries where you have been involved:
- ◆ List previous work with children/youth (include church, school, work, or informal activity):

**Circle which hour you would like to serve:**

**Saturday:** 6:00 PM

**Sunday:** 9:30 AM

11:15 AM

10:30 AM (GraceCity)

**Circle the area of preference in the Children, Student or Disability Ministry  
in which you'd like to serve:**

Nursery (birth-24 mo, Waumba Land)

Preschool (2yrs-PreK, Wonder Lane)

Elementary (K-3rd grade, UpStreet)

Preteen (4th & 5th grade, The Loft)

Special Events for Children

Middle School (6-8th grade, Wildfire)

High School/Student (Venture)

College

Special Events for Students/Youth

Buddy for the disabilities ministry

Friends Worship (high school-adults with disabilities)

Disability Ministry Programs

How did you come to know Jesus Christ as your Savior? (attach an additional page if needed.)

**PERSONAL REFERENCES (two references required - non relative)**

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

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**APPLICANT'S STATEMENT**

*The information contained in this application is correct. I authorize any references or churches listed to give you any information (including opinions) they may have regarding my character and fitness for ministry with children. I release all such references from any liability for furnishing such evaluations to you provided they do so in good faith and without malice. I waive any right to inspect references provided on my behalf.*

*Should I join the Children, Student or Disabilities Ministry Team, I agree to be bound by the policies of Grace Fellowship Church, the elders, and to refrain from unscriptural conduct in the performance of my ministry on behalf of the church. I understand that my personal information will be kept completely confidential and that my Social Security Number is used only for a legal background check to ensure the safety of the children and students in Children and Student Ministries. I agree to fulfill my commitment, agreed upon at the onset of my ministry term.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: The Children, Student OR Disabilities Ministry, c/o Grace Fellowship Church  
9505 Deereco Road, Timonium, MD 21093  
Phone: 410-561-8424 & FAX 443-279-5711