

Volunteer Application for Minors (under 18) Early Childhood, Children's, Student and Mops Ministries

PART I ***Personal Information:***

First Name _____ Middle Initial _____ Last Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Cell Carrier (texting) _____ Email _____

Birth Date _____ Male Female

1. Briefly describe your Christian experience. _____

Church Activity:

2. How long have you/your family been attending Christ Church of Oak Brook _____?
3. Are you (applicant) a confessing member of Christ Church? Yes No.
4. Do you (applicant) adhere to the Belief Statement of Christ Church of Oak Brook Yes No? (our Belief Statement can be found at www.cc-ob.org/beliefs.)
5. Are you (applicant) involved in any ministries at Christ Church of Oak Brook or a church you have attended regularly in the past 5 years? If so, please list and indicate your involvement with the church and ministry.

Church	Ministry/Involvement	How Long Involved
_____	_____	_____
_____	_____	_____
_____	_____	_____

References:

6. Provide at least two references from a church, organization, school, friend, etc., where you have interacted with or worked with children or youth (teacher, scouts, coach). *Please let your references know someone will be contacting them.*

Church/Organization/Person	Ministry/Involvement	Contact	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application for Early Childhood, Children's, Student and Mops Ministries

PART II

Confidential Information:

This part of your application will only be known by our Human Resources Director or another member of the Executive Team, and those officers and staff of Christ Church who are deemed necessary to know such information.

In order to ensure the health, safety and security of those children and youth who participate in our programs and use our facilities, we do ask all our volunteers certain questions. Please answer "yes" or "no" to the following questions. If any of these situations do apply to you, we will discuss with you if and how this may impact your ministry at Christ Church of Oak Brook.

To the best of your knowledge, has your child ever:

1. Used illegal substances or abusively used legal but addictive substances (including alcohol)? Yes No
2. Been arrested for any reason? Yes No
3. Been convicted of, or pleaded no contest to any crime? Yes No
4. Engaged in or been accused of any act of child molestation, exploitation or abuse? Yes No
5. Had a change in your health that may affect your ministry with children or students? Yes No

If you answered "yes" to any of the above, please explain (use additional attachment if necessary).

It is a tragic reality that child abuse, addictions, and other difficulties occur—not only in society but also within the Christian community. At Christ Church we believe that a process of genuine healing is always possible—through therapy, through the support and encouragement of caring people, and through a growing knowledge of God. If you or anyone you know is seeking to continue a process of healing, we would encourage you to inquire about the various support groups and counseling services available through our Pastoral Care Office (630-654-3227).

Authorization:

BY COMPLETING AND SUBMITTING THIS FORM, I AGREE TO THE FOLLOWING:

1. I am the parent or legal guardian of the person named below (the "Minor"), who is volunteering to serve in the ministry(ies) checked below. I understand that CCOB intends to take reasonable precautions to assure the safety and security of volunteers, but acknowledge that, even with such precautions, there is a possibility of injury or death or loss of or damage to property.
2. I give my permission for the Minor named below to volunteer for the ministry(ies) indicated.
3. In consideration of CCOB's allowing the Minor to participate, I release CCOB and its members, officers, directors, employees and agents from any liability for injury to or death of, or damage to or loss of personal property belonging to, the Minor occurring in connection with his/her volunteer service.
4. Should an accident or other medical emergency occur in connection with his/her volunteer service, I authorize a physician selected by the representative of CCOB to approve any medical treatment deemed necessary, including but not limited to trauma treatment, administration of medication, hospitalization, anesthesia and surgery.
5. I also agree that any photographs, video recordings and voice recordings of the Minor taken in connection with his/her participation in **any** Christ Church event will be the property of Christ Church of Oak Brook and may be used by Christ Church of Oak Brook for any promotional and informational purposes it deems appropriate. Possible uses include but are not limited to exhibits, displays, DVDs and CDs, printed collateral, Web pages and external periodicals.
6. This release will be valid for one year from authorized signature's date of this document.

Volunteer Options:

- | | |
|--|--|
| Early Childhood Ministry <input type="checkbox"/> | Team Teacher (2 years old – Kindergarten) <input type="checkbox"/> |
| Children's Ministry <input type="checkbox"/> | Shepherd Teacher (1 st – 5 th grades) <input type="checkbox"/> |
| Middle School Ministry <input type="checkbox"/> | Shepherd Assistant (1 st – 5 th grades) <input type="checkbox"/> |
| MOPS <input type="checkbox"/> | Large Group Teacher (1 st – 5 th grades) <input type="checkbox"/> |
| Child Care Worker <input type="checkbox"/> | Sound/Technology Booth (1 st – 5 th grades) <input type="checkbox"/> |
| High School Ministry <input type="checkbox"/> | Small Group Leader (Middle – High School) <input type="checkbox"/> |
| Childcare Rockers (infant – toddler) <input type="checkbox"/> | Confirmation Mentor (High School) <input type="checkbox"/> |
| Family Welcome Booth (infant – 5 th grade) <input type="checkbox"/> | Other (Specify) _____ |
| Team Helper (2 years old – Kindergarten) <input type="checkbox"/> | |

Child's printed name: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian printed name: _____

Please return Parts I & II of this application to the ministry area in which you are interested in serving or mail to Christ Church of Oak Brook, 31st and York Road, Oak Brook, IL. 60523, Attn: Executive Pastor of Ministry.

FOR OFFICE USE ONLY

Ministry Pastor/Director _____ Date _____

Executive Pastor of Ministry _____ Date _____