



# New Community Covenant Church Kid City Application Part I: Prospective Team Member Questionnaire

Thank you for your interest in serving as a children's ministry volunteer in Kid City! Answering the questions below will help us get to know you, your interest in children's ministry, and your spiritual gifts and skills. You may submit this completed questionnaire to Amanda Svejda, Children's Minister, either in person or by emailing: [amanda@thenewcom.com](mailto:amanda@thenewcom.com).

Full Name: \_\_\_\_\_  
First Last

## **PERSONAL**

How do you like to spend your free time? What activities do you enjoy?

What makes you laugh? Cry?

What are some of the goals you have in life?

## **SPIRITUAL**

Are you a Christian?

If yes, share your story about how and when you became a Christian.

How would you describe your relationship with God now?

How long have you attended New Community?

Are you a member?

Are you or have you been involved with other ministries at New Community? If so, which ones?

Are you currently involved in a Community Group?

Do you know what some of your spiritual gifts are?

**MINISTRY**

What are your reasons for serving on the Children’s Ministry Team? What do you believe you can contribute to the ministry?

What fears or apprehensions do you have about being involved in Children’s Ministry?

How can the leadership make your experience as a team member go well?

**SKILLS/TRAINING**

What, if any life experiences, training and/or education do you have that you see yourself using with the children?

What special abilities/interests do you have that may add to this ministry area?

- Art
- Administration/Organization
- Building Props
- Creativity/Design
- Drama
- Greeting/Hospitality
- Group Discipline/Order
- Leading Worship
- Involving Kids in Games
- Musical Instruments or Vocals
- Puppets
- Teaching
- Other \_\_\_\_\_

**REFERENCES**

Please list 2 people that will provide a pastoral, professional, or personal character reference for you, excluding family members.

1. Name \_\_\_\_\_ Phone & Email \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Time acquainted \_\_\_\_\_

2. Name \_\_\_\_\_ Phone & Email \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Time acquainted \_\_\_\_\_



**SAFETY & BACKGROUND INFORMATION**

Do you use illegal drugs/substances?  Yes  No

Have you ever used illegal drugs/substances?  Yes  No

Do you give New Community permission to conduct a local and national background check for criminal records clearing?

Yes  No

Have you, at any time, ever:

Been convicted of, or pleaded no contest to, a crime?  Yes  No

(If yes, please give a brief explanation)\_\_\_\_\_

Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  No

Are you aware of having traits or tendencies which could pose any threat to children, youth, or others?  Yes  No

Are you aware of any reason why you should not work with children, youth, or others?  Yes  No

(If yes, please give a brief explanation)\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

I give New Community Covenant Church the right to make a thorough investigation of me and I release from all liability all persons, companies, churches and agencies supplying such information. I also release New Community, its employees, agents, and representatives from all liability, which might result from making such investigation. I understand that any false answer and statements or implications made by me in this application or other required documents shall be considered sufficient cause of denial to participate in Children’s Ministries. I understand that New Community may request a review of policy and criminal records and conduct a national and statewide background check concerning me. I understand that falsification of any information provided by me on my application or non-disclosure of any material information may be grounds for rejection, or if I am volunteering with Children’s Ministry, for my discharge upon discovery. All reasonable efforts will be made to maintain strict confidentiality.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Pastoral Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN SERVING IN CHILDREN’S MINISTRY AND  
FOR TAKING THE TIME TO FILL OUT THIS APPLICATION!  
YOU WILL BE CONTACTED BY AMANDA SVEJDA, CHILDREN’S MINISTER,  
WHEN YOU ARE CLEARED TO SERVE.**