

**Fellowship of Oso Creek  
Application for Children's Work**

It is the goal of this church to create a safe and secure environment for all children and workers who are involved in our Children's Ministry. To facilitate this emphasis, it is necessary to gather pertinent information from those who offer volunteer services to our children. This information will be used for the sole purpose of helping Fellowship of Oso Creek provide a safe and secure environment.

**Personal Information:**

Name: \_\_\_\_\_ Maiden Name or known by: \_\_\_\_\_  
(last) (First) (Middle)

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evenings \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**Please Respond to all questions:**

Which children's ministry position are you volunteer for? \_\_\_\_\_

Do you have a current Texas Driver's License? \_\_\_\_\_ yes \_\_\_\_\_ no Driver's License # \_\_\_\_\_

Have you ever been arrested, charged or convicted of an offense involving a minor? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of or pleaded guilty to a criminal offense? \_\_\_\_\_ yes \_\_\_\_\_ no  
(if yes please provide details)

\_\_\_\_\_

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_ yes \_\_\_\_\_ no  
(if yes please provide details)

\_\_\_\_\_

\_\_\_\_\_

Is there any health-related reason that would keep you from effectively working with our causing personal harm to children? \_\_\_\_\_ yes \_\_\_\_\_ no

Would you be willing to provide a fingerprint? \_\_\_\_\_ yes \_\_\_\_\_ no

**Please provide the following church information:**

Have you been through the Fellowship of Oso Creek's Discovery Class? \_\_\_\_\_ yes \_\_\_\_\_ no

List names and addresses of the other churches you have attended regularly in the past five years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all previous church work involving children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all your previous non-church work, volunteer or paid, involving children. Include approximate dates, organization's name and address, type of work you performed, name of supervisor and phone number, if known. (Attach a separate page, if necessary)

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**Personal References (not former employers or relatives):**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
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Give a brief accounting of your testimony of faith:

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**Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you any information they may have regarding my character and fitness for children's work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you. I waive any right I may have to inspect references, letters, or statements provided on my behalf.

Should my application be accepted, I agree to be bound by the policies of Fellowship of Oso Creek, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I have carefully read the foregoing release and know the content thereof and I sign this release as my own free act.

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

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