

KIDS MINISTRY APPLICATION

COMPASS BIBLE CHURCH HUNTINGTON BEACH

TAYLOR THOMPSON
ALEX ALDANA
BRE THOMPSON
DIRECTORS OF KIDS MINISTRIES

TAYLOR'S PHONE: 657-237-6111 ALEX'S PHONE: 714-300-9560 BRE'S PHONE: 949-878-8555 This survey is to be completed by all who desire a ministry position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for children who participate in our program and use our facilities

Name				
Last	First	MI		
Address	City		State	Zip
How long at this address?	ŕ	ars give previous add		·
YearsAddress				or youro.
Home phone			Best time to	o call A.M. / P.M.
Email address				
Marital status	Spouse's name (if applic	able)	Phone	
No. of children	Ages Emer	gency contact		
Have you put your faith and tru	st in Jesus Christ? □ yes □	no Please write out	your testimony, h	now you were
saved, on the next page.				
Have you been baptized since	you put your faith in Christ?	□ yes □ no Date: _		· · · · · · · · · · · · · · · · · · ·
How long have you been atten	ding Compass HB?			
Please check the services or g	roups you attend regularly:			
□ Saturday 6:30pm □ Sun	day 8:00am □ Sunday	10:00am □ Othe	r:	
What leadership/volunteer exp and youth (identify place and ty	ype of work – list supervisors	with phone numbers)	
In what area of ministry do you	desire to be involved?			
Age/Grade preferences:	Involve	ment preferences:		
□ Infants □ Toddlers	Saturda	y: □ 6:30 PM		
□ Early Childhood (2-5 year old □ Kindergarten □ 1 st /2 nd □ 3 rd /4 th □ 5 th /6 th □ Special Needs □ Anywhere	ls) Sunday:	: 🗆 8:00 AM 🗖 10	0:00 AM	
Have you gone through the Co	mpass HB Partners Program	ı? □ Yes □ No		
Please list any other Compass	HB ministries in which you a	re involved		
i icase list any other compass	The miniones in which you a	ic ilivolved.		

What is your testimony? When did Jesus save you?:				

Applicant's Name _		Phone
Occupation	Employer	Phone
Birth Date	Driver's License	
Do you have any med	YR NUMBER dical training or are you CPR certified? □ yes	EXPIRES s (if yes, explain below) □ no
PERSONAL REFERE	ENCE (MUST BE 18 YEARS OR OLDER AND NOT F	RELATED TO YOU) Please complete all information requested.
Name		
Phone	Relationship	
children. All information		Ip provide a safe and secure environment for our ss KIDS staff. Answering "yes" to any of these pass KIDS.
Have you had any pa	st experiences that will affect your productiv	e ministry with children? yes no
If this experience mig	ht hinder your effectiveness with children wo	ould you like to meet with a pastor? yes no
Have you ever been i	ssued a 5150 or been voluntarily admitted ir	nto a mental institution? u yes no
Have you ever been h	nospitalized or treated for alcohol or substan	ce abuse?
	or any criminal offense? A criminal conviction	o a crime other than a minor traffic violation, or are you n will not necessarily disqualify you from consideration
	stances involving your lifestyle or backgroun no (If yes, please explain on a separate she	d that would call into question your ability to work with et of paper.)
enclosed Authorizat	ion for Release of Background information	eck. Please fill out completely and sign the on. California AB655 requires that a copy of the report checking one of the following boxes: □ yes □ no
	Applicant's State	ement
churches or other orgacharacter and fairness	anizations listed in the application to give yo	of my knowledge. I authorize any references, u any information they may have regarding my such references from liability for any damage that may
	Compass KIDS Tear	n Agreement
Having committed to s	serving in the Compass KIDS Ministry and th	ne habits essential for spiritual maturity, I commit to:
 Support the specifically, Cooperate v 	the children in my care.	and Compass KIDS staff, other team members, and bood of the whole body over the needs of my ministry.
	n be accepted, I agree to follow the policies on he performance of my services on behalf of	of Compass Bible Church and to refrain from the church.
I understand that my p	personal information will be treated as confid	dential.
Applicant's signature_		Date