

Please fill out this form completely, all information is required to process your application. Please print.

First _____ M.I. _____ Last _____ Alias/Maiden Name _____

Address _____ City _____ WA Zip _____

Please list other states you have resided in for the last 10 years _____

Home Phone _____ Date of Birth 00 / 00 / 0000 Email _____

Church History - please tell us briefly about your church background.

Are you a born again Christian? Yes / No If yes, how long have you been a believer? _____

Are you a member of or attending a church? Yes / No Church Name _____ Phone _____

If no, please explain why _____

Church attended before SBC _____ Pastor Name _____ Phone _____

Ministry Experience - please tell us about your ministry experiences in Sunday School or other church leadership positions or areas currently serving.

Position _____ Ministry _____ Paid/Unpaid _____ Start Date _____ End Date _____

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Personal References - please give us two personal references who can tell us more about you.

Name _____ Phone _____ Relationship _____

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Children's Ministries Safeguards of Care (see also SBC KidSafe Policies)

- Children's Ministries observe the "Two Staff" rule. This partnership in ministry encourages and protects all parties so that workers are not alone with children or youth.
- Corporal punishment (physical forms of discipline), harsh words or threats are not to be used. Please consult the Children's & Family Pastor with specific questions.
- An individual who has been convicted of child sexual or physical abuse should not volunteer in any ministry for children or youth.
- Any behavior which seems abusive or inappropriate should be reported to the Children's & Family Pastor.

I have received a copy of Silverdale Baptist's "KidSafe Policies" I understand and agree to comply with the procedures and safeguards of care.

Signature _____ Date _____

Washington State Patrol Background Check Consent

Please read carefully the following questions and check the appropriate boxes. These questions are required by Washington State Patrol to conduct a criminal history background check. You will be informed of the results of this check.

Have you ever been -

- Y N Convicted of any crime against children or other persons?
- Y N Convicted of crimes relating to financial exploitations if the victim was a vulnerable adult?
- Y N Convicted of crimes relating to drugs as defined in RCW 43.43.830?
- Y N Found in any dependency action under RCW 13.34.040 to have sexually abused or exploited any minor or to have physically abused any minor?
- Y N Found by a court in a domestic relations proceeding under Title 26 RWC to have sexually abused or exploited any minor or to have physically abused any minor?
- Y N Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
- Y N Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

I hereby swear, under penalty of perjury, that the information I have provided on this application is accurate. I also give my permission to Silverdale Baptist Church to request a criminal history background check from the Washington State Patrol.

Signature _____ Date _____

dreamTEAM Interview Questionnaire

to serve in Children's Ministries @ SBC

Please fill out this form completely. Please print. You will be contacted by the ministry head after reviewing your application.

Name _____ Ministry You Wish to Serve In _____ Position _____

Best way to contact you _____ Best time to contact you _____

I have completed and/or read:

- DreamTeam Application (includes background check)
- KidSafe Policies
- DreamTeam Expectations

What age group do you feel most drawn to working with:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> infants | <input type="checkbox"/> 4's & 5's | <input type="checkbox"/> 3rd-5th grade girls |
| <input type="checkbox"/> toddlers | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 3rd-5th grade boys |
| <input type="checkbox"/> 2's & 3's | <input type="checkbox"/> 1st-2nd grade | <input type="checkbox"/> 6th grade |

What day of the week is best for you (if you have a preference):

- | | | |
|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Sundays | <input type="checkbox"/> Wednesdays |
|-----------------------------------|----------------------------------|-------------------------------------|

Please tell us two reasons you want to serve children.

1. _____
2. _____

What fears do you have about serving children?

What ministries, small groups or midsized groups are you involved in?

How did you become a Christian?

What is your dream (what drives you)?

