

epcc

ELK PLAIN



COMMUNITY CHURCH

**Children's Ministry  
Volunteer Packet**

Thank you for your interest in joining the Elk Plain Community Church Children's Ministry Team. Willing servants, like yourself, are essential to our church family and together we can accomplish more, in the name of Jesus, than we could apart.

With that in mind, we want to begin by expressing how much we appreciate your willingness to share your time, gifts, and abilities. We pray that the Lord gives you a real joy in your service, and that you can find a position that fits your spiritual gifts.

***"We have different gifts, according to the grace given us. ...If it is serving, let us serve; if it is teaching, let us teach; if it is encouraging, let us encourage; if it is contributing to the needs of others, let us give generously;...if it is showing mercy, let us do it cheerfully " Romans 12:6-8***

At Elk Plain Community Church we strive to provide a safe spiritual and physical environment. In order to accomplish this, we require volunteers to complete our Children's Ministry Volunteer Packet.

There are several key parts to this packet –

1. Applicant's Statement and Volunteer's Covenant – Please read this page carefully before signing.
2. Authorization for Background Check - These are required for all volunteers 14 years old and older. National background checks are conducted through Protect My Ministry ([www.protectmyministry.com](http://www.protectmyministry.com)), and we also perform Washington State Patrol background checks.
3. Children's Ministry Volunteer Form – Please complete all the sections.

**There is an additional questionnaire to fill out if you're interested in a leadership or teaching role. Please see the office to receive the Teacher Application.**

Again, we thank you very much for your willingness to serve the children. May God be glorified as you serve.

God Bless,

The Elk Plain Community Church Elder Team

---

**Please complete the following checklist and turn in to the office:**

- \_\_\_\_\_ Complete the Applicant's Statement and Volunteer's Covenant
  - \_\_\_\_\_ Complete the Authorization for Background Check
  - \_\_\_\_\_ \$12 for background check – If you are unable to pay the fee the church will cover the cost. We appreciate your willingness to serve! If you have previously paid for the background check, you do not need to pay again.
  - \_\_\_\_\_ Complete the Children's Ministry Volunteer Form
  - \_\_\_\_\_ Please include a copy of your driver's license or student ID
  - \_\_\_\_\_ Read EPCC Child Abuse Prevention Packet
- If you did not receive these please contact the office to receive a copy. These are for you to keep.

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed in this application to give you any information they may have regarding my character and abilities working with children or the disabled. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

### Elk Plain Community Church Volunteer's Covenant

**Having committed to the ministry of reaching the children and the habits essential for spiritual maturity, I commit to...**

- ...prepare for ministry by maintaining my personal relationship with Christ.
- ...support the church in prayer, including the students under my leadership.
- ...cooperate with other ministries placing the good of the whole body over the needs of the ministry.
- ...follow the Policies and Procedures of Elk Plain Community Church.
- ...be a role model for my students and refrain from unscriptural conduct both in and out of their presence.
- ...protect the children from physical, sexual, emotional, or mental abuse from an adult or another child, which includes providing adequate supervision to ensure safety. I will do everything in my power to avoid being put in a situation where I am alone with a minor other than my own.
- ...treat all people with respect, acting and reacting with Christian love and understanding in all situations.

**I also understand that...**

- ...I will be subject to a background check, including criminal history, and that the personal information will be held confidential by the Elders of the church. I authorize the background check to be repeated as needed.
- ...a violation of this covenant may result in removal from my position as a volunteer.

Print Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian, if minor \_\_\_\_\_ Date \_\_\_\_\_

### Applicant Checklist

(office use only)

Background Checks: WSP \_\_\_\_\_ National \_\_\_\_\_

Driver's License copy: \_\_\_\_\_

Reference Checks: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Interview Date: \_\_\_\_\_ by \_\_\_\_\_

## Authorization for Background Check

I authorize **Elk Plain Community Church** to solicit background information relative to my criminal record history. I understand that **Elk Plain Community Church** may make inquiries into my background that may include motor vehicle records, personal references, criminal records, and any other public record reports pertaining to me.

I authorize, without any reservation, any person, agency, or other entity contacted by **Elk Plain Community Church**, or their agent, for purposes of obtaining background report information to furnish the above-mentioned information.

I release **Elk Plain Community Church**, their respective employees, or agents, and employees of their agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information.

<b>Personal Information (please print)</b>		
First Name:	Middle Name:	Last Name:
Other Name(s) Used:		Gender:
Social Security Number:	Telephone Number:	Date of Birth:
Email:		Driver's License Number/State Issued:
<b>Current Address</b>		
Street Address:	City:	State & Zip:
<b>Previous Address</b>		
Street Address:	City:	State & Zip:
Signature:		Date:
<b>Parent/Guardian Signature, if minor</b>		
Signature:		Date:

**Residents of Washington State only:**

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.



Experience:

Do you have any medical training or are you CPR certified? \_\_\_\_\_ Explain \_\_\_\_\_

What leadership/volunteer experience have you had with children? Please list (identify place, type of work and supervisor) \_\_\_\_\_

List any gifts, training, education, or other factors that have prepared you to work with children \_\_\_\_\_

Personal References (must be over 18 years old and not related to you):

Name _____	Relationship _____
Address _____	Phone Number _____
City, State, Zip _____	Email _____

Name _____	Relationship _____
Address _____	Phone Number _____
City, State, Zip _____	Email _____

Name _____	Relationship _____
Address _____	Phone Number _____
City, State, Zip _____	Email _____

**Reminder: There is an additional questionnaire to fill out if you're interested in a leadership or teaching role. Please see the office to receive the Teacher Application.**