



WHERE WOULD YOU LIKE TO SERVE?

- NH Kids | Kid's Ministry
Worship | Student Ministries
MSM | Middle School Ministry (Must be at least a sophomore in High School)
DeYoSoy | INA Student Ministry
HSM | High School Ministry (Must be at least 1 year out of High School)

Thank you for taking the time to complete this application. The following information will be kept confidential and will only be shared with the appropriate ministry leader. We are looking forward to knowing you!

PERSONAL INFORMATION

Full Legal Name: Last First MI Date:

Former/Maiden Name: Last First MI Gender: M / F Circle One

Email: Cell:

Address, City, Zip:

Please list all other Cities & States you have lived in as an adult:

DOB: Relationship Status: Single Engaged Married Separated Divorced

Spouse's Name: Anniversary:

Kid's Names & Ages:

How long have you regularly attended New Heights Church?

Which Campus / Service do you regularly attend?

Are you baptized? Yes | No Date of baptism:

Are you a member of New Heights Church? Yes | No Are you in a Community Group? Yes | No

What current social media do you use: Facebook Instagram Snapchat Twitter Other

Website / Blog:



SPIRITUAL WALK & BACKGROUND QUESTIONS

Write a brief description of when and how you became a Christian:

Do you consider yourself to be a committed believer? What does it look like to follow Jesus in your daily life?

What kind of accountability structure do you have in your life (Community Group, Mentor, Etc.)?

Please describe any past ministry or church experience you have been involved in. What was your role? Why did you stop serving in these ministries?

Why do you want to serve in with kids / students?

List all previous volunteer work / employment involving kids/students. Please include organization's name, address, type of work, dates, and a contact person familiar with your work there.

Have you experienced any significant physical or emotional stressors within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis?



LIFESTYLE & LEGALITIES

In caring for kids and students, we believe it is our responsibility to seek adult Leaders that can provide healthy, safe, and nurturing relationships.

We realize this information is potentially sensitive and private. It will be kept entirely confidential, where another child's safety is not negatively impacted by confidentiality. Our desire in asking these questions is not necessarily to disqualify you when you answer yes, but rather to connect with you in order to make sure you have had healing or in the process of healing any emotional, physical, or spiritual damage.

Answering yes to any of these questions does not automatically disqualify you from leading in our Ministries.

- Are you currently or have you ever used illegal drugs? Yes | No
- Have you ever gone through treatment for alcohol or drug abuse?
If yes, please describe: Yes | No
- Have you ever been arrested and/or convicted of a crime?
If yes, please describe: Yes | No
- Have you had any traffic violations in the last 3 years?
If yes, please describe: Yes | No
- Have you ever been reprimanded, or asked to leave or end your involvement / work in any program or organization providing services to children? Yes | No
- Have you ever been accused and/or convicted of any form of child abuse?
If yes, please describe: Yes | No
- Have you ever been a victim of any form of child abuse (physical, emotionally, sexually) Yes | No
- Do you currently or have you ever struggled with pornography? Yes | No
- Do you currently or have you ever sought out or intentionally viewed child pornography? Yes | No
- Do you currently or have you ever experienced same sex attraction? Yes | No
- Do you identify or live as a gender other than the gender assigned at birth? Yes | No



REFERENCES

Due to the fact that this leadership position is in close contact with minors, we need three references that you have known for at least two years. Please note that your application is not complete until all of the given references have been checked. Please reach out to them before submitting their names, so they can complete your reference in a timely manner.

If we are unable to reach your reference, after three failed attempts, we will reach back out to you and give you two weeks to complete this step before we will remove your application from our process, thus not placing you on a team to serve within Children or Student Ministries.

Personal

Name: _____ Phone: _____

Email: _____ Relationship: _____

How long have you known this person: _____

Professional

Name: _____ Phone: _____

Email: _____ Relationship: _____

How long have you known this person: _____

Family Member

Name: _____ Phone: _____

Email: _____ Relationship: _____

How long have you known this person: _____



STATEMENT OF RELEASE

I hereby authorize the leadership of New Heights Church to make any and all inquiries regarding my application and to verify all information contained in this application for a voluntary leadership position in New Heights Kids or Student Ministries. I also grant permission for any representative of New Heights Church to share any information they believe might impact a decision for the voluntary leadership position I am applying for.

I hereby give permission to New Heights Church to contact my references, appropriate government agencies, and run a background check every two years in order to determine my suitability as a leader. I understand that all this information will remain confidential by the church staff.

I understand and agree that any information received from the background check, references, and application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete, and correct in all respects.

PRINT FULL NAME: _____ DATE: _____

SIGNATURE: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ Date: _____



APPLICANT STATEMENTS AND AGREED CODE OF CONDUCT

Please initial each of the following statements:

_____ I declare that all statements contained in my Student Ministries Application Form are true. I understand that any misrepresentation or omission is cause for rejection of my application, or dismissal from my employment or ministry involvement.

_____ I understand that my references and contacts from prior church or non-church work with kids, students, etc. will be contacted and that an appropriate criminal background check will be conducted. I authorize investigations of all statements contained in this application. I specifically authorize New Heights Church to undertake a criminal background check of my past.

_____ I understand that I must be interviewed and recommended by a member of the New Heights Church Screening and Selection Committee before I begin my ministry or employment position.

_____ I understand that I can withdraw from the application process at any time.

_____ I understand that New Heights Church has a policy of ZERO TOLERANCE for all abuse and takes all allegations of abuse seriously. I further understand that New Heights Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is ground for immediate dismissal from my employment and possible criminal charges.

_____ I declare that I am not a pedophile or child molester. I have not perpetrated physical, sexual, or emotional abuse or neglect against a child, student, or vulnerable populations, and I have never been accused of these acts.

_____ I understand and agree that false statements and/or omissions regarding past conduct and / or present situations may be grounds for denial of this application for employment, and that refusal to inform New Heights Church of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ I agree to read and abide by all Policies and Procedures provided to me by New Heights Church concerning my conduct and behavior toward children, students or vulnerable populations participating in New Heights Church programs.

Print Name: _____

Signature: _____ Date: _____