

**Body of One Ministries (BOOM)  
Children's Ministry Application Form**

Confidential

*This application is to be completed in full by all volunteers for any position involving the supervision, teaching, or custody of minors. Information will be treated as confidential and is needed to help us provide a safe environment for children who participate in our programs and use our facilities.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

List any other names that have been used, including maiden or previous married name:

Address: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

How long have you been at this address? \_\_\_\_\_  
If less than 5 years, give previous address and number of years in residence.

Address: \_\_\_\_\_ Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

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

**Positions:**

In which areas would you like to serve? Please check below.

Nursery (6mths-2yrs) \_\_\_\_\_

Toddler (3-5yrs) \_\_\_\_\_

Elementary (6-

11yrs): \_\_\_\_\_

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**Background:**

How long have you been attending BOOM? \_\_\_\_\_ years \_\_\_\_\_ months  
(Please note we need a minimum of 1 year consistent attendance for all K@Boom volunteers)

Are you a member of BOOM (DNA)? Yes \_\_\_\_ No \_\_\_\_ In Process \_\_\_\_

Have you completed the Purple Book Discipleship? Yes \_\_\_\_ No \_\_\_\_

In Process \_\_\_\_

Have you accepted Christ as your Lord and Savior? Yes \_\_\_\_ No \_\_\_\_  
When? \_\_\_\_\_

Please describe how you came to faith in Jesus Christ:

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List any gifts, talents, training, skills, or education that have prepared you to work with children or preschoolers: (None is ok if God has prompted you.)

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Please list any other BOOM ministries in which you are involved:

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Why do you want to work with children or preschoolers at BOOM?

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List any special gifts or ministry interests that you would like to use while working with children, such as art, music, games/recreation, Bible story time:

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Page 3

Local Personal References – Must be over 18 years old and non-related to you.

Name: \_\_\_\_\_ How long have you known the reference? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ How long have you known the reference? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ How long have you known the reference? \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Page 4

*The questions below are a part of our interview process to help provide a safe and secure environment for our children and for the protection of our volunteers. All information is held strictly confidential. Answering yes to any of the questions may not necessarily preclude your involvement in our ministry to preschoolers and children. Thank you for your understanding.*

Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_  
If yes, please explain:

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Have you ever been accused, arrested, or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Do you use illegal drugs? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of or plead guilty to the use or sale of drugs? \_\_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_

Is there any health-related reason that would keep you from effectively working with children or cause any potential harm to our children?

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain condition:

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Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Have you had any painful experiences in your life that have better equipped you or that may hinder you from a productive ministry with children?

Yes \_\_\_\_ No \_\_\_\_

If so, would you like to talk to pastor regarding this circumstance? \_\_\_\_\_