



CHILDREN'S MINISTRY APPLICATION

STRICTLY CONFIDENTIAL



PERSONAL INFORMATION:

Legal Name: _____ Male Female
Last First M.I.

Address: _____ City: _____ Prov. ____ Postal _____

How long at this address? _____ Home Phone Number: _____

If less than five years, give previous address and number of years: Years: _____

Address: _____ City: _____ Prov. ____ Postal _____

Occupation: _____ Place of Employment: _____

Email Address: _____ Work Phone Number: _____

Marital Status: Single Married Divorced Widow/Widower Separated Cohabiting

Spouse's Name: _____ Phone: _____ No. of Children: _____

Name (s) and age(s) of children: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Number: _____

Do you have any medical training or are you CPR certified? Yes No

If so, would you be willing to be called upon during an emergency? Yes No

Have you been regularly attending Crosspoint for at least 7 months? Yes No

We now require a Criminal record check from anyone 16 years and older to work with our children.

Do you have one? Yes No Do we have a copy in our files? Yes No

STATEMENT OF FAITH:

- I have accepted Jesus Christ as my personal savior, and have the assurance that I am a child of God.
- I believe the Bible is the inspired Word of God, life-changing in power, and personal application.
- I purpose to walk in obedience to the Scriptures as I am led by the Holy Spirit.
- In areas where I may differ with the church doctrine, I will respect the church's position. I will not promote any teaching or doctrines contrary to the doctrines of the church. I will defer to the authority of the church and it's leadership in all such matters.
- I will attend service at Crosspoint on a regular basis.

Signature: _____ Date: _____