



APPLICATION

We aim to provide a safe, secure environment for the children who participate in the children's programs at The Crossing. Therefore anyone desiring to serve in KidzCrossing must submit this application, participate in an interview and attend an orientation. Return your completed application by mail to: KidzCrossing Operations, The Crossing, 114 N Eatherton Rd, Chesterfield, MO 63005, or, by fax: 636-536-0594, Attn: KidzCrossing Operations.

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Name you prefer on your nametag/ID Badge: _____

List Addresses for the past 7 years:

Current Street: _____

City: _____ State: _____ Zip Code: _____

Prior Street: _____

City: _____ State: _____ Zip Code: _____

Prior Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of birth: _____ Grade in school, if applicable: _____

Email address: _____

***Grades 6-12 only**, your parent's email address: _____

YOUR HISTORY AT THE CROSSING

Are you currently attending a church other than or in addition to The Crossing? Yes No

When did you start attending The Crossing? _____

NOTE: If it's been less than 3 months, you may be encouraged to wait before serving at The Crossing.

Do you regularly attend the weekend service? _____ If not, why?

Check the vision venues you have attended or are currently attending at The Crossing:

Newcomer's Dinner Explorations Body Life

Check other ministries, classes, etc at The Crossing in which you have or are now participating:

LAB Group ICU Outreach Other: _____

Have you submitted the online Leadership Application? Yes No

***Grades 6-12 only**, do you regularly attend YouthCrossing? _____ If not, why?

Do you consider yourself a follower of Jesus? _____ If yes, have you been baptized? _____

If you were baptized, when & how? _____

Briefly describe where you are spiritually and how you have come to this point in your life. (Please understand that there are no incorrect answers and authenticity is appreciated, respected & honored.)

How are you pursuing spiritual growth? How might we encourage you and help you to grow?

KIDZCROSSING

As a child if you attended any type of children's ministry program, what did you like and/or dislike about the experience?

Why do you desire to minister to children at The Crossing?

List any experience and/or courses taken that have trained you in some way to minister to children:

Circle The Crossing campus where you prefer to serve: Chesterfield Fenton Mid Rivers

Please circle your age division preference: Nursery Preschool Elementary No preference

Circle the service(s) during which you would be open to serving: 4:30 6:30 9:00 11:00

NOTE: Volunteers are expected to arrive 40 minutes prior to the service.

Circle frequency of serving: Regularly Seasonally (Holidays & Summer) On call when I can

Please circle any of the following roles that interest you:

Check children in & out	Shadow for Special Needs Child	*Tech
Register new families	*Large Group Teacher	Stage Design
Helper in room	*Drama	Administrative Tasks
Small Group Leader	*Music	Hospitality/Baking

**The serving commitment for our Programming Team requires that you serve during all the services (except the 5:00) on a weekend and do this once a month. There are also rehearsals.*

PERSONAL REFERENCES

Please list three references (not family) who know you, your spiritual journey and/or your experience with children. Please include at least one reference who does not attend The Crossing.

Name: _____ Phone: _____

Email address: _____

Name: _____ Phone: _____

Email address: _____

Name: _____ Phone: _____

Email address: _____

ADULTS ONLY (18 and older) *Grades 6-12 only, please skip this next section.

We fully recognize that all are sinners (1 John 1:8, Romans 3:23) in need of God's mercy and grace and there is no hierarchy of sin. Our purpose in asking the questions below is not to judge or condemn but to protect the integrity of this ministry and the children entrusted to our care. Thank you in advance for your honesty.

- 1) Have you ever been arrested, convicted or pleaded guilty to a crime? _____
- 2) Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting a minor? _____
- 3) Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or, any other addiction; or has anyone ever suggested to you that you may have a problem? _____
- 4) Have you yourself ever been a victim of any of the above mentioned abuses? _____
- 5) Do you have any medical conditions that your leaders should be aware of? _____

- 6) Have you ever been treated for a psychiatric disorder? _____
- 7) Is there any circumstance in your life that would make it an inappropriate time for you to serve minor children, or, would compromise the integrity of the church, such as inappropriate, unbiblical sexual behavior? _____

If you answered yes to any of the above questions, please explain and include whatever steps you have take to address the issue:

If you answered yes to any of the above questions, are you willing to discuss them with a leader? _____

In the interest of safety & security, criminal background checks are run on all adults serving children & youth at The Crossing. Do we have your permission to run such a check on you? If so, please sign & date below and include your social security number. This information is not stored digitally and is not used for any other purposes.

Social Security Number: _____

Other names: _____

Signed: _____ Date: _____

COVENANT

I will

- Read The Crossing's Statement of Faith (available at www.wcrossing.org).
- Read the KidzCrossing Handbook and become familiar with & uphold the vision, mission & values and Safe Place Plan for KidzCrossing.
- Be on time to serve, arriving at a minimum 40 minutes before the service; cover my absences; and read KidzCrossing emails and lesson plans.
- Pursue spiritual growth and cultivate my personal relationship with Jesus Christ.
- Attend the worship service, including the weekends I serve in KidzCrossing.
- Attend the Vision Venues (Newcomer's Dinner, Explorations, Body Life).

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that the discovery of any false statement or significant omission of fact may prevent me from obtaining a volunteer position or may require me to relinquish that position. I authorize Windsor Crossing Community Church to inquire about my work and personal history and to verify all of the contents of this application. I authorize the release of any information requested by Windsor Crossing Community Church in connection with this application, such as employment records and personal references. I release any person, organization or company from liability or damage which may result from furnishing the information requested. Windsor Crossing Community Church agrees that any information obtained by third parties will be used for the sole purpose of securing safety in KidzCrossing and will not be released to any other person.

Applicant's signature: _____ Date: _____

***Grades 6-12 only,** parent's signature: _____