

# FAITH LANDMARKS MINISTRIES



## WORKER APPLICATION (MINORS)

Please complete the entire application and turn it into Information Central or the church office.  
Completion of this form does not constitute acceptance in a ministry position.  
Thank you for your willingness to serve!

**PLEASE PRINT CLEARLY**

**Applicant Information: (This application must be completed by the parent or guardian)**

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Primary Phone: \_\_\_\_\_

Youth Applicant's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender:  M  F

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

Youth's Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Department applying for: \_\_\_\_\_

How often can he/she commit? Once monthly  Twice monthly  Weekly

During which service would you prefer your youth to serve?

**Sundays** 8:30am  10:30am  7:00pm

**Wednesdays** 7:30pm  Other: \_\_\_\_\_

When did applicant accept Jesus as their Lord and Savior? \_\_\_\_\_

When did applicant become a member of Faith Landmarks Ministries? \_\_\_\_\_

In what other departments is the applicant currently serving? \_\_\_\_\_

Has he/she ever been convicted of a criminal offense (excluding minor traffic violations)?

Yes  No  If yes, please explain \_\_\_\_\_

Does he/she have any physical handicaps or conditions that would prevent them from performing certain types of activities?

Yes  No  If yes, please explain \_\_\_\_\_

Is he/she receiving or has ever received treatment (residential, outpatient or medication) for emotional/mental problems?

Yes  No  If yes, please explain \_\_\_\_\_



## STATEMENT OF GUIDELINES

### GENERAL POLICIES

1. This application must be completed by the Parent or Guardian. Incomplete applications will be returned.
2. **Age Requirements:**  
 Non-Secure Helps Ministry Departments: **6<sup>th</sup> grade or above.**  
 Transformed Twos through Kingdom Kids: **6<sup>th</sup> Grade or above.**  
 Bible Babies, Wonderful Ones, or Uptown Kids: **9<sup>th</sup> Grade or above.**
3. Due to Virginia state law and insurance requirements, all applicants **over the age of 16** must complete the **BLUE (SECURE)** application to work in any children's ministry.
4. You must have a good report of behavior, faithfulness & commitment to the Lord Jesus Christ at all times, whether serving or not.
5. Upon acceptance of your approved application, the Department Head will contact you.
6. All youth workers are required to attend at least one service a week in the main Sanctuary or in Youth ministry.

I have read this application with my youth. I am in full agreement and will do my best to see that he/she fulfills the department's requirements. I attest to the truth of all answers, and that I filled out the application personally.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read, understand, and agree to abide by the above guidelines as a worker. If at any time I am unable to keep these guidelines, I will inform my department head.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only: Approved Date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_