



Mission Statement
Our SOUL purpose is to unite kids to Christ!



V.I.P. LEADER APPLICATION – *Information will be treated with confidentiality and respect.*

Name: _____ Other Alias/Maiden _____

Address: _____ Age: _____

City: _____ Zip code: _____ Phone: (____) _____ Cell Phone: _____

Text? Yes No If Yes, Cell Phone Carrier _____

Email Address: _____ Date of Birth: _____

Marital Status: S M D W If married, Spouse name: _____

Children? Yes No If yes, Names and DOB _____

Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or that would compromise the integrity of Kainay Community Church? Yes No
If yes, please explain _____

Please describe your spiritual journey and current walk with the Lord: _____

PERSONAL SITUATIONS

Have you ever been concerned that you may have an addiction to drugs, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? Yes No
If yes, explain _____

Have you ever been arrested, convicted or pleaded guilty to a crime? Yes No
If yes, explain _____

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? Yes No
If yes, explain _____

Have you ever been treated for a psychiatric disorder? Yes No
If yes, explain _____

Abuse in your family with drugs or alcohol or that was emotional, physical or sexual in nature? Yes No
If yes, what steps have you taken to heal and recover i.e. counseling, Celebrate Recovery, Bible studies?

PERSONAL INFORMATION:

Employer: _____ Employer Address: _____

Phone: _____ Job Title: _____

EDUCATION:

High School: _____ Year Graduated: _____ College: _____ Degree: _____

Other Related Teacher Training: _____

Have you ever taught in public or private school? _____ Have you ever taught in Sunday School? _____

If so, what church _____ Grade level: _____

What is the best time for an interview? Day: _____ Time: _____

BACKGROUND INFORMATION

What is your church background? _____

Have you accepted Jesus as your personal Savior? Yes No When? _____

Do you sing or play an instrument? Yes No If so, what? _____

Are you serving in any other ministries? Yes No Schedule? _____

Do you have any other ministry experience? Yes No Where? _____

What are your spiritual gifts or if unknown what are your hobbies or passions? _____

Do you regularly attend weekend services? Yes No Since _____

I am involved with the following small groups _____

Where are you interested in serving? (Check all that apply)

- Administrative tasks
- Check in/out
- Nursery (birth – 2yrs)
- Toddler (2/3 yr olds)
- Preschool (4/5 yr. olds)
- Kindergarten – 1st grade
- 2nd & 3rd grade
- 4th & 5th grade
- Celebrate Recovery (Thursday 6:30-8:30 pm)

I have chosen to work in this ministry because _____

Which service(s) do you prefer to serve in? 9:00 am 10:30 am 12:00 pm any

How often would you like to serve? Weekly Twice a Month One a Month

AUTHORIZATION - I hereby authorize Kainay to procure a consumer report, which I understand may include information regarding my background, character, general reputation, personal characteristics, criminal history or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete disclosure of the background verification. The information in this application is correct to the best of my knowledge.

Applicant's Full Legal Name _____ Social Security Number _____ Date _____