



FUSION LEADERSHIP APPLICATION

This application is to be completed by all applicants for any volunteer position involving the supervision of minors involved in Student Ministries at K2 the Church. This is not an employment application.

GENERAL INFORMATION

Today's Date: _____

Full Name: _____ Preferred Name: _____

Address: _____

City, State & Zip: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Date of birth: _____ E-mail: _____

T-shirt Size: _____

CHURCH INVOLVMENT

How long have you attended K2 The Church? _____

Are you a Crash Member of K2 The Church? Yes No Since when? _____

If not,

Do you regularly attend our weekend services? Yes No

Which Service do you usually attend?

North: 9:30 a.m. _____ 11:30 a.m. _____

South: 9:30 a.m. _____ 11:30 a.m. _____

Do you regularly attend a home group? Yes No

Which one? _____

In what other church ministries are you presently involved?

Have you personally accepted Jesus Christ as your Lord and Savior, and are you committed to having the character of Jesus live through you? Yes No

Briefly share your Story: (use back if more room needed)

What do you think the purpose of ministry to students is in the local church?

Why do you want to be a part of student ministry at K2 The Church?

REFERENCES

List 2 adults, who are not related to you, yet have a definite knowledge of your character and ability to work with minors.

1. A staff member, home group leader or ministry team leader from our church
Name _____ Nature of association _____
Occupation _____ Length of time known _____
E-mail Address _____
Home phone _____ Work phone _____
2. Friend, neighbor or fellow Crash Member
Name _____ Nature of association _____
Occupation _____ Length of time known _____
E-mail Address _____
Home phone _____ Work phone _____

FAMILY INFORMATION

Marital status: Single Married Engaged Divorced

If married, spouse's name:

If you have children, their names and ages:

1. _____ 3. _____

2. _____ 4. _____

EDUCATION

High school _____

City _____ State _____ Grad year _____

College/tech school _____

City _____ State _____ Grad year _____

Degree and Major _____

Are you CPR certified? Yes No

Do you have any medical training? Yes No

Please describe:

MINISTRY EXPERIENCE

(List most recent first)

	Church	Dates	Area(s) of service	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Briefly describe your previous experience in working with minors:

Have you ever been convicted of a felony, or a misdemeanor involving any act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? Yes No

If Yes, please briefly describe the nature of the crime(s), the date and the place of conviction and legal disposition of the case.

Are you currently out on bail, the subject of a current warrant for arrest, or released on your own recognizance pending trial? Yes No

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect? Yes No

Have you been arrested or convicted for any criminal act more serious than a traffic violation? Yes No

Have you ever been a victim of any form of child abuse? Yes No

Have you ever gone through treatment for alcohol or drug abuse? Yes No

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer? Yes No

Is there anything in your past or current life that might be a problem if we found out about it later? Yes No

(If the answer to any of the above questions is yes, they will be discussed confidentially during an interview.)

WAIVER/RELEASE

I, the undersigned, give my authorization to K2 the Church representatives – hereafter referred to as The Church – to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church ministry worker. I am willing to request and submit to The Church background reports on myself from the UT Department of Social Services central registry. The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for ministry. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the statement of faith, and policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement which I have read and understand.

Print name: _____

Signature: _____

Date: _____

K2 THE CHURCH

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