

Local Personal References (Must be 18 years old and not related to you)

Name: _____ Relationship: _____

Address: _____ Phone: _____

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Address: _____ Phone: _____

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the Healing Place staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

Have you had any experiences that might make it difficult for you to minister to children at Healing Place Church? _____

Have you ever been accused or convicted of the use or sale of illegal drugs? _____

Have you ever used illegal drugs? _____

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? _____

Have you ever been charged with a misdemeanor or felony? _____

Are you engaged in any conduct that is contrary to the teachings of the Bible? _____

Do you have any health issues that could place the children of Healing Place at risk? _____

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? _____

We conduct a police background check on all applicants. Do you have any objections? _____

If you answered yes to any of the above questions, please explain briefly: _____

Applicant's Statement

I hereby authorize Healing Place Church to verify all information contained in this application with any references, my past or present employers, or any other appropriate personnel at my present or past employers, churches or other organizations and any individuals to disclose any and all information to Healing Place Church. I release all such persons or entities from liability that may result or arise from Healing Place Church's collections of all such evaluations or information or its consideration of my application. The information contained in this application is correct to the best of my knowledge.

Healing Place Leader's Covenant

Having committed to our leadership ministry and the habits essential for spiritual maturity, I will commit to:

- Read and practice the security measures in place at Healing Place Church
- Prepare for ministry by growing in my personal relationship with Christ
- Support the leadership by praying for the Scuba Kids leaders and the children in my class.
- Personal growth and education by participating in Life Development Institute.

Should my application be accepted, I agree to follow the policies of Healing Place Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that the personal information will be held confidential by the church staff.

Applicant's Signature: _____ Date: _____

What Floats Your Boat ?

Name _____

What motivates you? (Write three or four lines on how you like to be encouraged) _____

A daily encouragement for me would be _____

If I could select a gift for myself under \$20.00 it would be _____

If I had all day to do something for myself I would _____

The most fun I ever had was when _____

My favorite hobby is _____

My greatest passion in life is _____

One area I am growing in is _____

The greatest strength I possess is _____
