



## Adult Staff Application

Thank you for your interest in the Cornerstone Ministry, and taking time to share with us about you. We want you to know that the following information will be confidential, and only shared with appropriate pastoral staff that we deem necessary.

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Daytime contact: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Status:  Part Time  Full Time  Student

Marital Status:  Single  Married  Divorced

Education:

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree: \_\_\_\_\_



## MINISTRY

How long have you attended Cornerstone Church? \_\_\_\_\_

Please list the date and activities of other ministry experiences here at Cornerstone and reasons for ending that ministry:

What other ministry/church experiences have you been involved in?

What spiritual gifts do you feel you have, and how would you like to use them in this youth ministry?

Why do you want to work in the youth ministry?

What are some of your expectations of the youth ministry and staff?

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Cornerstone Church or its representatives to release any and all records or information relating to working with minors. The church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker.

I understand that the personal information will be held confidential by the professional church staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### Legal/Lifestyle Questions & Concerns

Are there any special issues or concerns happening in your life right now that would have an impact on your commitment and involvement in the youth ministry (i.e. relationships, other commitments, etc.)?

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In caring for students, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the pastoral staff.

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Are you using illegal drugs? Yes No

Have you ever gone through treatment for alcohol or drug use? Yes No  
If yes, please describe:

What is your view on drinking alcohol?

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Our policy and conviction at Cornerstone Church and Cornerstone Youth Ministries is that drinking is inappropriate for a Christian and especially those in leadership. Anyone applying for a youth staff position will need to understand and adhere to this policy, without question.

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Have you ever been arrested and/or convicted of a crime? If yes, please describe:

Have you had any sexual relations with any minor after you became an adult?  
Yes No

Have you ever been accused of or convicted of any form of child abuse? Yes No  
If yes, please describe:

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

If yes, would you like to discuss this matter with a pastor or counselor? Yes No

Are you willing to be finger printed for State Criminal Conviction Clearing?  
Yes No



**PERSONAL**

Please write a brief testimony about how you became a Christian (include date).

Please briefly write about significant events in your life that have impacted you spiritually.

Describe 3 major ways in which you have grown in your spiritual walk since you became a Christian.

How would you describe your spiritual walk now?

What accountability to your spiritual walk do you have?

What do you do when you have conflict with someone? How do you handle confrontation?



## Youth Staff Ministry Reference

\_\_\_\_\_ is applying to become a volunteer youth worker with the Youth Ministry at Cornerstone Church and has given your name as a personal reference. This staff position is in close contact with students and we want to ensure that these relationships will be healthy ones. Please complete the form below and use the enclosed envelope to send us your evaluation of this person's character and integrity. Your response will remain confidential.

1. Describe your relationship with this person:
2. How long have you known this person?

Please use the following scale to respond to questions 3 thru 8:

1 - Low 2 - Below Average 3 - Average 4 - Very good 5 - Excellent

How would you rate his/her ability at the following?

3. Involvement in peer relationships? \_\_\_\_\_
4. Emotional maturity? \_\_\_\_\_
5. Resolve conflict? \_\_\_\_\_
6. Following thru with commitments? \_\_\_\_\_
7. Ability to relate to students? \_\_\_\_\_
8. Spiritual maturity? \_\_\_\_\_

9. What are this applicant's greatest strengths?

10. Do you have any concerns regarding this person working with students?

Thank you for taking the time to fill out this reference. If you have any questions, please call Pastor Zach Hinson in the youth office at 865-6655.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## Permission to Obtain a Background Check

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This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.

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I, the undersigned applicant (also known as “consumer”), authorize **Cornerstone Church** through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Cornerstone Church** if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box City, State, Zip Code County

Dates: \_\_\_\_\_

Former Address: \_\_\_\_\_  
Street /P. O. Box City, State, Zip Code County

Dates: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female