

Dear Applicant,

We want to thank you for your interest in becoming a part of HDC's Children's Ministry! We are excited to see your gifts and talents be used for the glory of God. Your efforts are appreciated and the impact you will have on a child and their family is priceless.

When filling out this application, know this requires information that is vital for the safety of our children. Please read and answer questions completely and legibly. Please be aware of the following requirements when applying:

Six Month Rule - Applicants must have been a member or a regular attendee of High Desert Church for at least six months. This time of interaction between ministry leaders and the applicant allows leaders to better evaluate the suitability of an applicant to work with children.

Ozone - Applicants must attend the Ozone sessions 1 and 2 prior to serving on HDC's Kids Teams and complete sessions 3 and 4 within 6 months after joining a team.

Applications - Applicants must complete and sign an application giving permission to check references and background information. Upon submission of application, a digital picture will be taken.

Background Information - Applicants will be checked under "Megan's Law." We will also be conducting Personal Reference checks. The references will be done by phone, email, or in person.

Orientation – Applicants must attend a one-time orientation. They are held on the third Sunday of every month (no orientations in December) from 9am – 10am in T1/2. No sign-up is needed.

Interview - Applicants must attend an interview conducted by Director/Coordinator they will serve under in their area of ministry.

Signature on Leadership Committment – Applicants must agree by signature that they understand and will abide by the Leadership Commitment.

Confidentiality of Information - The church will keep confidential all information that is received in the applicant selection process. Selected information will be stored, with limited access, afforded only to church staff on a need to know basis as determined by the Pastoral Staff.

We look forward to serving with you as part of the HDC Kids Team. May God bless you as you begin your journey in Children's Ministry.

Blessings!

Jeff Mc Clung Minister to Children jmcclung@hdcnet.org



VICTORVILLE CAMPUS CHILDREN'S MINISTRY APPLICATION

This application is to be completed by all those desiring a ministry position involving the supervision of minors. It is used to help us provide a safe and secure environment for the children who participate in the programs at High Desert Church. The information on this application will not be disclosed to unauthorized persons.

BASIC INFORMATION

First Name:		Last No	ame:		Date:		
Address:				City:	City:Zip:		
Home Phone:		Cell Phone:			Best time to call:		
Email Address:							
☐ Male ☐ Female	Birthday:_	/	_/				
If under 18, name of po	arents:						
School:Grade:						e:	
Do you have a persono	al relationship wi	th Jesus Chri	st\$	Briefly descr	be:		
How long have you att	ended High Des	ert Church?		Are y	vou in a small gr	onb\$	
Are you a member of HDC?		Date c	Date of Baptism			Location	
Please check the classe	es you have con	npleted:	□ Ozone	e 1 🔲 Ozone 2	☐ Ozone 3	☐ Ozone 4	
If you have attended a	inother church fr	equently wi	thin the po	ast 2 years please	ist below:		
Church Name:	Lc	cation:		Dates Atten	ded	to	
List any leadership/volunteer experience you have had with children:							
List any training or educ	cation that has p	repared you	u to work v	with children:			
List any other HDC mini	stries in which yo	u are involv	ed:				
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Volunteer Roles 电视和Microup Leader 电影和Microup Leader 电影和Microup Leader 电影和Microup Leader 电影和Microup Leader 电影和Microup Leader 电子表示 电影和Microup Leader 电影和Microup Leader 电影和Microup Leader 电子表示 电子表示 电子表示 电子表示 电子表示			e Chris				

The questions below are part of our interview process in order to help provide a safe and secure environment for our children. All the information on this application is held strictly confidential by the ministry staff and will not be disclosed to unauthorized persons. Answering yes or no to any of the following will not necessarily, but may, preclude your involvement in HDC ministries. Thank you for your understanding.

PLEASE ANSWER <u>YES</u> OR <u>NO</u> TO ALL OF THE FOLLOWING QUESTIONS AS THEY PERTAIN TO YOUR PRESENT NAME AND ANY OTHER NAME YOU HAVE USED IN THE PAST OR ALIAS, ETC.

_yes	no	 Have you ever been accused of, committed, been arrested for, charged with, under probation for, convicted of, or plead guilty or no contest to sexual or physical abuse or molestation, under California law or under the laws of any other state? If yes, please list the state Please explain (attach a detailed explanation to this document if you need more space):
yes	no	2. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? If yes, please list the state Please explain (attach a detailed explanation to this document if you need more space):
_yes	no	3. Have you ever been accused of, committed, been arrested for, any crime under California law or under the laws of any other state? If yes, please list the state Please explain (attach a detailed explanation to this document if you need more space):
yes	no	4. Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination or other religious organization? If yes, please describe the circumstances, and provide the name and address of the church, denomination, or religious organization involved (attach a detailed explanation to this document if you need more space):
yes	no	5. Have you ever been disciplined or dismissed from employment or a volunteer position by any employer, including charitable and religious organizations, following an allegation of sexual misconduct, sexual harassment, or other recognized immoral or fairly subjective inappropriate behavior or conduct? If yes, please describe the circumstances and provide the name and address of the employer (attach a detailed explanation to this document if you need more space):
yes	no	6. Do you have any chronic health problems? If yes, please explain (attach a detailed explanation to this document if you need more space):
yes	no	7. Are you currently or have you in the past undergone treatment for drug or alcohol dependency? If yes, please explain (attach a detailed explanation to this document if you need more space):
yes	no	8. Other than the above, is there any fact or circumstance about you or your background that would call into question you being entrusted with the care of children? If yes, please explain (attach a detailed explanation to this document if you need more space):

Local Personal Referei	nce (must be an adult and	not related to you)			
Name:	Email:	Phone:			
Name:	Email:	Phone:			
HDC Reference (must	be an adult, not related to	you, and a pastor if you are a minor)			
Name:	Email:	Phone:			
	and Motor Vehicle & Crim Church Policies of High Desert Chur	inal Records Check Authorization			
including opinions that they hereby release High Desert C the information gathered pu	may have regarding my character Church, its employees and agents,	have identified herein, to give any information, and fitness to work with minors. Furthermore, I from any and all liability or claims arising out of the right to inspect any information provided d in this application.			
and volunteers conform to the that I will strictly comply with concerning child safety and	ne highest standards of safety, inter High Desert Church children's mini protection, sexual abuse and misc	stry of High Desert Church that all employees repersonal conduct, and sexual morality. I affirm stry policies and procedures, including those conduct, and interpersonal relationships. I cies may result in my immediate dismissal.			
accurate, High Desert Churc		nd agree that if they are not truthful and ger qualified to be associated with its programs			
and motor vehicle record the history record, as received fre dispositions in lieu of a convice eligibility to work with minors	rough any agency, entity, or orgar om the reporting agencies, may in ction. I understand that this inform	formation relating to my criminal history record nization having such information. The criminal clude arrest and conviction data, as well as any lation will be used, in part, to determine my hat as long as I remain a volunteer or an time.			
agency, entity, or organization any and all claims or causes	on reporting such criminal history a of actions whatsoever, including b the investigation of my backgrou	orch, its employees and agents, as well as any nd/or motor vehicle history, from and against out not limited to attorneys' fees, court costs, and and in connection with my application to			
Applicant's Signature:		Date:			
Please Print Name:					
Parent Signature (if you are u	ınder 18yrs):	Date:			
Please Print Name:					
Witness (must be witnessed by	y a church staff member):				
	equired by law enforcement agend cords. It is confidential & will not be	cies and other entities for positive identification used for any other purpose.			
Please print other last names	you have used:				
Social Security #		Date of Birth:			
Driver's License #		State Issuing License:			
Name as it appears on licens	se:				