

Children's Ministry Volunteer Application

Growth Group/CREW Leader Reference

TO THE APPLICANT: This recommendation should be completed by your Growth Group/CREW leader and turned in/mailed directly by them to the office. Please fill out your name and the name of your Growth Group/CREW leader.

Applicant Name _____
Reference Name _____
Application for: (which area of ministry) _____

TO THE GROWTH GROUP LEADER: The above named person is applying to be a part of the Children's Ministry of CLG. We would appreciate your frank evaluation of this applicant. Serious consideration will be given to your comments and all information you supply will be kept in confidence. Thank you for your assistance.

How would you describe your relationship with the applicant? Check all that apply.

Close Acquaintance Casual Related Mentor Friends w/Family

How long have you known the applicant? _____

Why is Children's Ministry good for the applicant at this time in their life?

How will the applicant handle this type of ministry in respects to the emotional, physical, and spiritual? Please briefly explain for each.

Children's Ministry Volunteer Application

Share some of the strengths you have seen in the applicant's life.

Share some of the weaknesses you have seen in the applicant's life.

Rate the applicant in the following areas with 8 being excellent. If any areas are under 5 please provide a brief explanation.

Responsibility	1	2	3	4	5	6	7	8
Heart for Children	1	2	3	4	5	6	7	8
Spiritual Competency	1	2	3	4	5	6	7	8
Integrity	1	2	3	4	5	6	7	8
Involvement in ministry	1	2	3	4	5	6	7	8
Can work in a team	1	2	3	4	5	6	7	8
Leadership Skills	1	2	3	4	5	6	7	8
Conflict Resolution	1	2	3	4	5	6	7	8
Manages Stress	1	2	3	4	5	6	7	8
Servanthood	1	2	3	4	5	6	7	8
Flexibility	1	2	3	4	5	6	7	8
Overall Attitude	1	2	3	4	5	6	7	8
Stewardship	1	2	3	4	5	6	7	8
Obedience	1	2	3	4	5	6	7	8

Any explanations for above scores:

Children's Ministry Volunteer Application

If you have seen the applicant in a situation where they were under authority, what is their normal response and relationship with this authority?

To your knowledge, has the applicant ever been involved with any drugs, alcohol, or criminal activity? If yes, please give a brief explanation.

To your knowledge, has the applicant ever dealt with mental issues, such as suicidal tendencies, eating disorders, or depression? If yes, are these issues requiring attention or is it something they have overcome?

To the best of your knowledge, are there any areas of concern in their family/marriage?

Are there any areas in their life that we need to be aware of that might become an issue in this ministry?

Thank you for taking time to help us get to know the applicant better. We are excited about his/her future with the Children's Ministry!

Reference completed by _____

Phone number: _____

xxx-xxx-xxxx

Signed _____ Date: _____

Please mail to: Church of the Living God, attn Aaron Dion, 199 Deming St, Manchester, CT 06042
Or email to: adion@clgonline.net with "Children's Ministry Volunteer" in the subject line