



THIS IS MOTHERHOOD

# MOPS Kids Worker Application

Thank you for your interest in helping the MOPS Kids program and for completing this form. Our MOPS group looks forward to getting to know more about you. Your answers to the following questions will be kept in confidence. Please print legibly.

Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

Date of birth:

Driver's license state and number:

Social security number:

Have you ever used a name other than indicated:  Yes  No

If so, please list other names and explain:

Qualifications:

Position applied for:

Why do you want to serve in the MOPS Kids ministry?

How did you first hear about MOPS Kids?

Please list significant previous church work involving children:

List other experiences and education that have prepared you for working with children:

Have you been trained or certified in CPR?  Yes  No

If so, when?

Which age group do you prefer to work with?

- Infants: newborn – 6 months    Infants: 7 – 12 months    Toddlers: 12 – 24 months  
 Toddlers: 24 months – 3 years    Preschoolers: 4 years    Preschoolers: 5 years    No preference

Are there any physical or personal situations that might impede your full participation in the MOPPETS program? (i.e. physical limitations; other responsibilities)  Yes    No

If yes, please explain:

List three personal references:

Name:

Phone:

Checked (Steering use only)

Name:

Phone:

Checked (Steering use only)

Name:

Phone:

Checked (Steering use only)

Do you regularly attend a church?  Yes    No

If so, where?

Are you a Christian?  Yes    No

What does this statement mean to you? How are you growing in your relationship with Christ?

While it is not our intent to unnecessarily pry into your personal life, we are legally responsible to ask some questions concerning your background. Your responses will be held in the strictest of confidence and may be verified through an independent background check.

Have you ever been convicted of a crime?  Yes  No

If you have been convicted of a crime other than a minor traffic offense, please state the nature of the conviction, date, sentence received, sentence served (including dates and locations), probation or parole officer's name and contact information, and any other facts or circumstances you wish to provide:

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation or a minor?  Yes  No

If yes, please explain:

Are you willing to be fingerprinted?  Yes  No

I certify that the above information and statements are true and complete to the best of my knowledge.
Name: (please print)
Applicant's signature:
Date submitted:

*Acceptance of this application does not constitute a contract of employment, nor is it a commitment to the applicant.*