San Francisco Chinese Alliance Church

1150 Vicente Street, San Francisco, CA 94116 (415) 564-3301

Summer Children Program Personnel Application

Deadline - SUNDAY, March 31, 2024

Rejoice always, pray without ceasing, in everything give thanks; for this is the will of God in Christ Jesus for you.

1 Thes. 5:16-18

Being a part of our Summer Children Program is exciting, rewarding, fun, and challenging! Your participation in children's ministry will spread the love of Jesus Christ as we teach Bible truths and lead children to Him. It also requires discipline, responsible action, teamwork, and efforts to provide a secure environment for you and the children, youth, and adults who participate in the program and use our facilities. Every applicant must complete This form in INK for a position involving San Francisco Chinese Alliance Church Summer Children Program 2024.

PLEASE NOTE REQUIREMENTS: THREE months of continuous attendance at SFCAC (worship & small group) or a letter of recommendation from your pastor.

PERSONAL DATA (pl	ease print cl	early in ink	<u>(</u>)					
NAME:				If you ha		other names, ple	ase provide the complete name	e(s)
Last	First							
ADDRESS:				CELL I	PHONE NUI	MBER:		
Address C	ity	State	Zip					
EMAIL ADDRESS:				HOME I	PHONE NUM	IBER:		
DATE OF BIRTH (mm/dd/yy)				T-SHIR	T-SHIRT SIZE (circle one please):			
				Child	Large Adu	lt Small Med	ium Large X-Large	
AGE & GRADE COMPI	LETED in Jur	ne (must be g	grade 6+)				
**To protect our childre reference checks for all		CAC must	do a <u>Ba</u>	ckground Chec	ck and Man	dated Reporte	<u>er Training</u> for all adults a	ınd
QUALIFICATIONS AT	ND AVAILA	BILITY F	OR SER	RVICE				
I am applying for: (please	check one th	e box)						
Paid position (n When are you a			•	ding SFCAC a	and Fellows	hip last 4 mo	nths)	
Volunteer Posit	ion							
Please circle which we	ek(s) you ar	e applying	for:	Week 1 6/10-14	Week 2 6/17-21	Week 3 6/24-28	Week 4 7/1-5	
*SFCAC prefer a minimu	m of 3 weeks	commitme	nt					
Which area of ministry do	you prefer?	Please circle	all that	apply.				
Class Teacher	Bible	Music	Hobb	y Exploration	Extend	led Care		
Group Leader of	K	1st	2nd	3rd	4th	5th		
*If you are in middle scho	ool, you will b	be a T.A. of	your cho	sen choices				
Describe any condition or linare being considered.	mitation that m	ight restrict o	r prevent	you from perform	ning certain ac	tivities involved	in the volunteer position for y	ou.

Do you have any contagious or infectious disease or condition that could be transmitted to others in the volunteer work you very performing? If yes, please explain.	vould	be		
SPIRITUAL HISTORY				
What church are you currently attending?				
How long have you attended your current church?				
Do you have a membership in your church? If yes, what year?				
If not a member, are you willing to attend a membership class? It is desirable that all teachers be members of SFCAC; if not, they must be in full harmony with the doctrines and principles of the church. interview may be conducted.	An			
Have you been baptized? No Yes Where and When?				
Do you regularly attend Sunday Worship? Fellowship? Small-Group? (indicate which one)				
In a brief paragraph, please describe your spiritual journey, including when you received Christ as Savior.				
Have you taken any courses or received training that would equip you for Christian ministry? If so, please list.				
MINISTRY HISTORY				
Please list the churches you have attended and the ministry organizations in which you have participated within the last five years, including address, phone number, and dates:	ıg			
Please list present and previous ministry experience, including the ministry & pastor/ supervisor's phone number:				
2.				
3.				
LEGAL QUESTIONNAIRE (Please read all the following questions carefully)	Yes	No		
1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You	103	110		
will need to answer "Yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge. If yes, please explain the nature of offense, date, and court where the conviction was entered and any other relevant information.				
2. Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in question 1 above)? If yes, please explain the nature of offense charge, date, law enforcement agency making the charge and any other relevant information.				
3. Have you have 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 explain.				
4. Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry? If yes, please explain.				
5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children? If yes, please explain.				
6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide childcare or similar services? If yes, please explain.				

Witness' Signature:Date:Date:Date:	
Applicant's Signature:Date:	
APPLY TO VOLUNTEER APPLICANTS: I understand that my service with the Church shall be a volunteer service. In addition, my v services shall be at-will and the Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I and agree that I am not an employee of the Church and that I have no expectation of future employment. As a volunteer, I have no entitle expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits.	understand ement to or its.
I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE OWN FREE AND VOLUNTARY ACT.	AS MY
I affirm that I will strictly comply with all policies and procedures of San Francisco Chinese Alliance Church. If at any time I find that I am unable to support the vision, policies, procedures or doctrine of this church/ organization. I will resign from my position. I understathat failure by me to abide by action, all at the discretion of the Church. I will report any known or suspected child abuse or other violate to the senior pastor, a member of church staff, and elder or the designated authority.	nd and agree
In consideration of the receipt and evaluation of this application form by the Church, I hereby release San Francisco Chinese Alliance C their directors, employees, agents, representatives and any other person or organization, including record custodians, that my release inf concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to San Fra Chinese Alliance Church. I waive any right that I may have to inspect information provided about me by any person or organization ide in this application.	ormation me result to ncisco
The responses I have provided in completing this application form are complete, truthful and accurate. I hereby authorize San Francisco Alliance Church (hereunto referred to as "The Church") to make inquiries concerning my background in connection with evaluating the have provided on this form and in the application process, including a criminal records check if deemed necessary by the Church. I here all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release information contained in their files or records concerning me to the Church and its representatives.	information by authorized
APPLICANT'S STATEMENT	
3)	
2)	
1)	
PERSONAL REFERENCE Please list THREE names, email & relationship: **NO family members**	
BE ASSURED THAT YOUR COMMENTS WILL BE HELD IN STRICT CONFIDENCE	
10. Do you practice a sexually pure lifestyle as taught in the Scripture?	
9. Do you have any drug, alcohol or substance abuse problems? If yes, please explain.	
8. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer? If yes, please explain.	
7. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children? If yes, please explain.	

Parent's Name (please print):_____

Parent's Signature:

Date:_____

Medical Release & Parental Consent Form REQUIRED FOR APPLICANTS UNDER 18 YEARS OLD

I, the undersigned, hereby consent to let my child participate in San Francisco Chinese Alliance Church's Summer Children Program. It is understood that every precaution will be taken for the safety and well being of my child, but in the event of accident, injury, or sickness, San Francisco Chinese Alliance Church, its staff, and its volunteers are hereby released from any liability.

	PL	EASE PRINT
CHILD'S NAME:		1 PARENT/GUARDIAN NAME:
Last First	Middle	4 DADENT EMEDOENOV BUONE NUMBER & EMAIL
ADDRESS:		1 PARENT EMERGENCY PHONE NUMBER & EMAIL:
Address City State	Zip	
Address City State CHILD'S BIRTHDATE (mm/dd/yyyy)	Zip	2 PARENT/GUARDIAN NAME:
(······, / / / / / / / / / / / / / / / / /		
DOCTOR NAME & PHONE NUMBER:		2 PARENT EMERGENCY PHONE NUMBER & EMAIL::
MEDICAL INSURANCE COMPANY:		MEDICAL INSURANCE POLICY #:
Address		
Phone		
lease list any medical condition your child has th	nat our staff should be a	aware of? (Allergies, asthma, medication, Epi-pen). If none, write
NONE".		
	or behavioral concerns	or limitations that our staff should be aware of? If none, write
NONE".		
		ents are responsible in administering the medication and may come to
administer the medication to their child when ne	eded.	
Date of last tetanus shot:		
		equires parental permission before treatment. I hereby give my
		e Alliance Church to secure proper medical treatment to my child
Parents will be notified immediately of	any medical emer	gency.
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Parent's / Guardian's Name (please print):		Relation:
Signature of Parent / Guardian:		Date: