



DC4K LEADER APPLICATION

Thank you for expressing interest in serving in our DC4K ministry program. The purpose of this application is to assist Eastbrook in providing and maintaining a safe and secure environment for the children who participate in the DC4K ministry program at Eastbrook Church. It is necessary for preserving our safe environment and complying with the Federal Child Abuse Protection and Treatment Act as well as the State Child Care Act. Thanks for fully and accurately completing this DC4K Leader Application Form. Please fill out this form if you are interested in serving as a leader on the DC4K leadership team. The following information will be kept confidential and will not be discussed with anyone except the DC4K director and the minister in charge.

PERSONAL INFORMATION

Confidential

Commutation							
Date							
Name						 	
F	rst	Middle	Last				
Current add	ress				 	 	
City				_ State _	Zip	 	
Home Phon	e		Work		Cell		
Email Addre	2SS				 		
Employer _					 		
Current Mar	ital Status:						
☐ Married	☐ Divorced	☐ Separated	☐ Remarried	☐ Single			
If married, n	ame of spouse				 		
Do you have	e children? 🗖 N	No 🗖 Ves A	nes?				



BACKGROUND INFORMATION 1. What is your relationship with Eastbrook Church: ☐ Member ☐ Regular Attender ☐ Other If "Other", please explain: _____ 2. How long have you been attending Eastbrook? _____ 3. Give a brief statement regarding your experience and relationship with Jesus Christ. 4. Have you ever been divorced or a child of divorce? 5. Have you attended a DivorceCare group as a participant? If yes, for how long and in what capacity? 6. Have you participated in another single-parent or divorce recovery ministry? If yes, please give the name of the ministry and a brief description. 7. Have you had any other ministry experience? If yes, describe what and when. 8. List any gifts, callings, training, education, or other factors that have prepared you for working with children.



9. Are you willing to participate in periodic training and leadership meetings?							
10. Additional comments:							
REFERENCES List two non-family members who have kno	own you for at least one year who would be able to attest to your character.						
1. Name	Length of time known						
Home Phone	Work Phone						
Cell Phone	Email						
Nature of association	Occupation						
2. Name	Length of time known						
Home Phone	Work Phone						
Cell Phone	Email						
Nature of association	Occupation						
included herein to give you any and all perti parties from all liability for any damage from	naire is correct to the best of my knowledge. I authorize the references inent information that they have, personal or otherwise, and release all furnishing same to you. I understand that any and all information provided we any right that I may have to inspect any information provided about me me in this questionnaire.						
9	eck is required by law, so as part of the application process, I will follow the check from Intellicorp. I understand that this link will come to me with an urch.						
Potential leader signature							
Today's date							

