



Christian Education Ministry

Dr. Raymond A. Bell, Jr., Senior Pastor

Saundra D. Oliver, CEM Director

Christian Education Ministry Teacher Application

The information you provide within this application will be kept confidential and will only be disclosed to those who have a genuine need to know in order to carry out their responsibility for Mount Hope Baptist Church (MHBC), or as required by law. The purpose for obtaining this information is to protect both our teachers and our students.

PERSONAL INFORMATION:

Name: _____ Today's Date: ____/____/____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

How long have you attended MHBC? _____ Are you a member? Yes No

PREVIOUS CHURCH INFORMATION:

What is the name of your previous church? _____

Who is/was the Pastor of your previous church? _____

Address: _____

Phone: _____ How long did you attend? _____

WHAT IS YOUR PREFERRED MODE OF INSTRUCTION? (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> In-Person Classroom Setting | <input type="checkbox"/> Google Hangouts Meet |
| <input type="checkbox"/> Zoom Video Conferencing | <input type="checkbox"/> Pre-Record Video of My Lesson |

A Are you interested in teaching **Sunday School**?

- Yes**; Complete section A **No**; Go to section B

AGE/GRADE PREFERENCE (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Pre-School/Elementary (2yrs – 5th grade) | <input type="checkbox"/> Middle/High School (6th – 12th grade) |
| <input type="checkbox"/> Young Adult (Post High School – 35 yrs) | <input type="checkbox"/> Adult (18+) |

AVAILABILITY (please check all that apply):

- 1st Sundays** **2nd Sundays** **3rd Sundays** **4th Sundays** **5th Sundays**

LEGAL QUESTIONNAIRE

For the protection of both our teachers and our students, we must ask the following questions. Answering “yes” will not automatically disqualify you from volunteering within this ministry, but we ask that you please attach a written explanation for all “yes” answers.

1. Yes No Have you been convicted of an offense other than a minor traffic violation(s)?
2. Yes No Have you ever been convicted of a sexual offense, offense relating to children, abuse, or crime of violence (that is not covered in question 1)?
3. Yes No Have you ever been the subject of any disciplinary action, transfer or dismissal. as a result of an accident or mishap involving one or more individuals (a minor or an
4. Yes No Have you ever been accused, charged or alleged to have committed any act of neglecting, abusing or molesting one or more individuals (a minor or an adult)?
5. Yes No Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization, or by an employer?
6. Yes No Do you have any drug, alcohol or substance abuse problems; or has anyone ever suggested that you may have a problem?
7. Yes No Have you been concerned that you may have an addiction to pornography; or has anyone ever suggested that you may have a problem?
8. Yes No Are you currently taking medication for any emotional disorders?
9. Yes No In the past 6 months, have you been hospitalized due to a mental or emotional disorder?
10. Yes No Is there anything else going on in your life that you need some pastoral help working through; or you believe that we should know?

I understand that to verify my suitability as a Sunday School Teacher, MHBC will request a background check. I understand that the personal information obtained from the background check will be held confidential by the MHBC Security Team. As a teacher in the Sunday School Ministry of MHBC, I agree to observe and abide by the policies and safeguard measures of MHBC. ***Please complete the Background Request and submit with this application.***

The information contained in this application is correct to the best of my knowledge. I authorize any references, organizations or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work with children or youth.

(Printed Name)

(Signature)

Date: ____/____/____

Please provide a written explanation for each answer you responded “yes” to under the Legal Questionnaire section:

Question:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

