



# Staff Renewal Application for Returning Staff

Ohio Girls Ministries needs the help of many to be able to minister to the girls and leaders across our state. By sharing your talents and connections, you are putting love for Christ and others to work.

**PLEASE PRINT CLEARLY**

Name	Phone (     )
Address	
City	State/Zip
E-mail	Age (if under 18)
Church Name	Phone (     )
Church City	State/Zip

I recognize that God has blessed my life by giving me gifts with which to serve Him. I am willing to share these gifts at district Girls Ministries activities and events.

**MUSIC**

- Worship Leading/Team
- Solo/Group Vocal
- Instrumental (specify)
- Sound/Computer Tech

**GENERAL**

- Decorating (stage/other)
- Sales Tables (staffing)
- Physical Activities/Exercise
- Camping Expertise

- Skit Writing
- Special Activity Ideas
- Crafts on a Budget
- Photography/Video

**OTHER** (please list)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check the events that you would be available:

- Girls Retreat
- Powette

Please have your pastor complete the specified section on the other side of this form and mail to

**Ohio Girls Ministries, 8405 Pulsar Place, Columbus, OH 43240**

# RENEWAL APPLICATION

## For Returning Staff

In that an original application and reference are on file, we are using this form to update our records. Great reliance is placed on the representation of each applicant's pastor that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. PLEASE HAVE YOUR PASTOR COMPLETE THE CERTIFICATION PORTION OF THIS FORM and return it to our office.

Applicant's Name \_\_\_\_\_ Date / /

Address \_\_\_\_\_ City / Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Sex  Male  Female

Date of Birth / / \_\_\_\_\_ Marital Status \_\_\_\_\_

Church You Attend \_\_\_\_\_

Church Address \_\_\_\_\_

Name of Pastor \_\_\_\_\_

Any criminal charges or convictions since last application? \_\_\_\_\_

Check box if you are certified/licensed:  Lifeguard  EMT  LPN, RN or PA

Applicant's Signature \_\_\_\_\_ Date / /

Witness\* \_\_\_\_\_ Date / /

\*If applicant is a minor, witness must be parent or legal guardian.

## PASTORAL CERTIFICATION

I approve of this applicant to work at events sponsored by the Ohio Ministry Network or any of its fellowship sections. He/She is in good standing with me and the church. To the best of my knowledge all the above is true.

I disapprove of this applicant to work at events sponsored by the Ohio Ministry Network or any of its fellowship sections.

Pastor's Signature \_\_\_\_\_ Date / /