



Application for After School Care Program Director

Help us get to know you better. We would appreciate it if you would take some time to fill out the following questionnaire. It's lengthy but we hope you won't feel intimidated. Short answers are fine. Please return your responses to the attention of Office Manager Lisa Willmert (lwillmert@myncbc.org) at your earliest convenience. If you have any questions about the questions, please feel free to ask. Note: We aren't looking for perfection. We know God uses imperfect, flawed people so mentioning flaws won't necessarily disqualify you.

PERSONAL INFORMATION		
Full Name		
Street Address		
City	State	Zip Code
Phone	Email address	

CHRISTIAN LIFE	
Year of conversion:	Year of baptism:
Past church membership (in the last 20 years):	
What denomination do you affiliate with?	
Describe in a sentence the current condition of your spiritual life. Then explain what you mean.	
Explain how your personal convictions align with the doctrine, values, and mission of New Castle Bible Church. (http://www.myncbc.org/church/beliefs/page33.html) List any areas of disagreement or confusion you may have.	
Aside from the Bible, what are three of the most influential books you have read?	
How would you stay current with new regulations and standards in child safety and other applicable laws?	

EDUCATION AND PROFESSIONAL DEVELOPMENT

	School	City/State	Did you graduate?	Degree
2-Year College				
4-Year College				
Graduate School				
Other				

PREVIOUS EMPLOYMENT

Current or Last Employer:		
Start Date:	End Date:	
Position/Title:	Employer Phone:	
Street address		
City	State	Zip Code
Name and Title of Supervisor:		
May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please provide contact information:
Reason(s) for leaving:		

Second Previous Employer:		
Start Date:	End Date:	
Position/Title:	Employer Phone:	
Street address		
City	State	Zip Code
Name and Title of Supervisor:		
May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please provide contact information:
Reason(s) for leaving:		

Third Previous Employer:		
Start Date:	End Date:	
Position/Title:	Employer Phone:	
Street address		
City	State	Zip Code
Name and Title of Supervisor:		
May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide contact information:		
Reason(s) for leaving:		

PERSONAL EVALUATION
Why are you open to a move at this time?
What interests you about this position?
Describe how you see the balance of time between life and ministry?
How do you approach project and task management?
What experience do you have with creating and maintaining a budget?
What experience do you have preparing work schedules and assigning specific duties?
What experience do you have working with children and adults?
What experience do you have in recruiting and training workers?

LEADERSHIP

Please further describe your experience, expertise, and philosophy in the following areas:

- a. Managing and mentoring volunteers:
- b. Managing and mentoring staff:
- c. Making disciples:

As a member of the church ministry staff, how would you pursue a strong working relationship with the following:

- a. Church Elders:
- b. Ministry staff:
- c. Local community:

What do you envision a healthy after school program looking like after three years of your leadership?

How might others honestly describe your personal style of management and supervision?

FINAL QUESTIONS

Do you have any reservations or questions about this position, or anything related to New Castle Bible Church?

In 50 words or less, how would you summarize the gospel to make the heart of it clear to a child with little church background? What is the good news?

Are you a user of social media? If so, what do you use and may we have access to view it?

How long would you intend to stay in this position?

Is there anything else you wish us to consider at this stage?

REFERENCES

Please submit the names of 3 references who have been a supervisor, colleague or professor. No relatives.

Name:

Years known:

Phone Number:

Position/Title:

Name:

Years known:

Phone Number:

Position/Title:

Name:

Years known:

Phone Number:

Position/Title:

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omissions on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, I am subject to the policies contained in New Castle Bible Church's employee manual and a 90 day observation period. I further understand that this application is not a contract of employment, nor a legal document, and nothing contained herein creates a contract between New Castle Bible Church and me.

I consent to New Castle Bible Church conducting a criminal records check, as long as the results are kept confidential. I authorize the appropriate law enforcement agency to release information pertaining to any record or file maintained on me and release said agency from any and all liability resulting from such disclosure.

Applicant Signature: _____ **Date:** _____