



Mentor Father Application Checklist

(ALL INFORMATION IS CONFIDENTIAL)

CHECKLIST:

- Part 1: _____ Mentor Father Information
- Part 2: _____ Mentor Father Statement of Faith
- Part 3: _____ Community Reference
- Part 4: _____ Background Reference Check Approval
- Part 5: _____ Pastor Reference & Approval

THERE ARE 11 APPLICATION PAGES. PLEASE SUBMIT ALL 11 PAGES.

Thank you for listening to the heart of God in defending the cause of the fatherless.

A faint, light gray silhouette of a man and a young boy standing together, with the man's arm around the boy. They are positioned behind the main text.

IT ALL STARTS WITH AN
intentional COMMITMENT **into the life**
of a fatherless **BOY**
BY A
GODLY MAN



PART I – MENTOR FATHER INFORMATION (1 OF 3)

(ALL INFORMATION IS CONFIDENTIAL)

APPLICANT'S NAME

Last _____ First _____
Middle _____ Preferred Name _____

ADDRESS

Number & Street _____
City _____ State _____ COUNTY _____ Zip/Postal _____

PHONE

Home _____ Cell _____
Day _____ Evening _____

E-MAIL ADDRESS _____

CHURCH

Name Flatirons Community Church
Phone Number 303-664-5524 Fax Number 303-926-0431

BIRTH DATE ____ / ____ / ____

EMPLOYER

Present Employer _____ How long there? _____

EDUCATION

High School _____ Graduate Year _____
Trade School _____ Certificate Year _____
College _____ Years Attended _____
Degree _____ Other _____

MARITAL STATUS

Married (How long) _____ Divorced (How long) _____ Married with Children Never Married

Names and Ages of Children (if applicable) _____

Name of Mentor Father _____

1. What has led you to consider volunteering as a Mentor Father?

2. What experience do you have working with children?

3. Briefly describe your Christian testimony. (Use back of page if needed.)

4. Explain your past and/or present use of alcohol or any other drugs.

PART I – MENTOR FATHER INFORMATION (3 OF 3)

Name of Mentor Father _____

5. Do you have a valid driver's license? Yes No

Do you have your own transportation? Yes No

Please describe your driving record and offenses _____

Do you have sufficient auto insurance to cover injuries sustained to a passenger? Yes No

6. Have you ever been involved in, investigated for, arrested and/or convicted of a crime? Yes No

When? _____

Explain: _____

7. List two references: (your pastor and one other community leader)

Name _____ Relationship _____

Address _____

Work Phone _____ Home Phone _____

Name _____ Relationship _____

Address _____

Work Phone _____ Home Phone _____

Please list interests, hobbies, and activities you enjoy.

This information is true and accurate to the best of my knowledge.

Signed _____ Date _____



PART 2 – STATEMENT OF FAITH FOR MENTOR FATHER (1 OF 2)

F. I. T. F. STATEMENT OF FAITH

We at *Fathers in the Field* believe in the following unchangeable truths:

We believe in one God, Creator and Lord of the Universe, the co-eternal Trinity; Father, Son, and Holy Spirit.

We believe that Jesus Christ, God’s Son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died a substitutionary atoning death on the cross, rose bodily from the dead and ascended to heaven where, as truly God and truly man, He is the only mediator between God and man.

We believe that the Bible is God’s authoritative and inspired Word. It is without error in all its teachings, including creation, history, its own origins, and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

We believe that all people are lost sinners and cannot see the Kingdom of God except through the new birth. Justification is by grace through faith in Christ alone.

We believe in one holy, universal, and apostolic Church. Its calling is to worship God and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

We believe in the necessity of the work of the Holy Spirit for the individual’s new birth and growth to maturity, and for the Church’s constant renewal in truth, wisdom, faith, holiness, love, power, and mission.

We believe that Jesus Christ will personally and visibly return in glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever and exclude all evil, suffering, and death.

I agree, Signature _____

Printed Name _____ Date _____

PART 2 – STATEMENT OF FAITH FOR MENTOR FATHER (2 OF 2)

STATEMENT OF FAITH

I, as an attendee of Flatirons Community Church, believe in the following core values:

Biblical Authority I A Better Way To Do Life I To present God’s Word with grace and truth and we recognize its authority and our need to adjust to it. I am striving to live my life under the authority of the teachings of Jesus Christ as found in the Bible. As a leader, I will do my best to point others back to the Bible as the ultimate authority for truth.

Relational Intimacy I Grace and Truth I No matter what disconnected me from God, Jesus is the only way to reconnect with Him. I have made a personal decision to accept the grace offered me through faith in Jesus Christ and I am trusting Jesus as my Savior and Lord. As a leader, I will extend the same grace and truth to others that God has given me.

Intentional Apprenticeship I We believe that following Jesus involves implementing a strategy to enthrall yourself with God and eliminate any obstacles or responses that stand against God’s good intentions for you. As a leader, I will align my faith journey with this as I continue to grow in my own faith and lead others to do the same.

Authentic Community I Me too I Pursuing truth together is the best opportunity for truly living out and applying that truth. I will lead out with a “me too” attitude, rather than out of authority or position, and engage in and encourage others to enter into community that seeks Jesus in all aspects of grief and healing.

Gifted Service I Purpose and personality I We recognize that God distributes spiritual gifts (time, talents, treasure) to equip the church in order to serve as Christ to the world. As a leader, I am willing to adjust my time, my abilities and my resources to align with the giftedness and direction with which God has trusted me.

Excellent environments I Bump into Jesus I We are not in the business of changing people. Rather we embrace our role as creating a space where people can work out their stuff with Jesus. I understand that it is not my job to change, fix or save anyone. As a leader, it is my responsibility to provide and protect an environment that allows others to hear from God and process what God may be teaching them.

Relational Evangelism I Come and See I We will intentionally leverage our influence in the world for the purpose of introducing people to the awesome love of Christ. As a leader, the best thing I can do for one of my friends is to simply tell my own story and invite them to take a step closer to Jesus and see, hear and decide for themselves the role Jesus wants to take in their life.

I agree, Signature _____

Printed Name _____ Date _____



PART 3 - PROFESSIONAL REFERENCE FORM (1 OF 3)

Reference should not be related to the applicant. Reference letters do not replace this form.

Section A: TO BE COMPLETED BY THE MENTOR FATHER APPLICANT

MENTOR FATHER'S APPLICANT NAME

Last _____ First _____
Middle _____ Preferred Name _____

ADDRESS

Number & Street _____
City _____ State _____ COUNTY _____ Zip/Postal _____

PHONE

Home _____ Cell _____
Day _____ Evening _____

E-MAIL ADDRESS

CHURCH

Name Flatirons Community Church
Phone 303-664-5524 Fax 303-926-0431

I, _____, GIVE *FATHERS IN THE FIELD* PERMISSION TO CONTACT THIS REFERENCE AND WAIVE MY RIGHT TO REVIEW ANY COMMENTS MADE AS A RESULT OF THIS CONTACT.

I agree, Signature _____
Applicant's Name _____ Date _____

PART 3 - PROFESSIONAL REFERENCE FORM (2 OF 3)

Section B: TO BE COMPLETED BY COMMUNITY LEADER

Name of Mentor Father _____

REFERENCE'S NAME

Last _____ First _____

Title _____

How long have you known the applicant?

What do you believe to be the applicant's greatest strength?

What do you believe to be the applicant's greatest weakness?

How would you describe the applicant's awareness of his calling as a Christian and of his response to that calling? (Check one)

- Very Solid/Mature Strong/Thriving Average/Growing Probable/Developing Possible/Vague Not apparent

(On a scale of 1-10 with 10 being the highest)

How appropriately does the applicant relate to young boys? _____

PART 3 - PROFESSIONAL REFERENCE FORM (3 OF 3)



Section B: TO BE COMPLETED BY COMMUNITY LEADER

Name of Mentor Father _____

Carefully rate the applicant by checking the appropriate rating for each characteristic. On a scale of 1-5, 5 indicates that the applicant excels in that characteristic, and 1 indicates that the applicant does not demonstrate that characteristic. It is important that you rate the applicant to the best of your knowledge for each characteristic.

COMMUNICATION SKILLS	5	4	3	2	1
INTEGRITY	5	4	3	2	1
LEADERSHIP	5	4	3	2	1
RESPONSIBILITY	5	4	3	2	1
SELF-DISCIPLINE	5	4	3	2	1
SENSITIVITY TO OTHERS	5	4	3	2	1

What is your recommendation in respect to this applicant's admission? (Check one)

- Strongly recommend
 Recommend
 Recommend with reservations
 Do not recommend

Please list any circumstances / issues of which the Church should be aware before deciding on the applicant's suitability for a Mentoring Ministry.

Signed _____ Date _____

Print Name: _____

CONFIDENTIAL

Fathers in the Field Ministry

BACKGROUND CHECK AUTHORIZATION

PART 4 - BACKGROUND CHECK AUTHORIZATION

PRINT NAME

First _____ Middle _____ Last _____

Former Name(s) _____ Date Used _____

ADDRESS

CURRENT ADDRESS SINCE: Month _____ Year _____

Number & Street _____

City _____ State _____ COUNTY _____ Zip/Postal _____

PREVIOUS ADDRESS FROM: Month _____ Year _____

Number & Street _____

City _____ State _____ COUNTY _____ Zip/Postal _____

SOCIAL SECURITY # _____ DOB _____

PHONE Home _____ Cell _____ Work _____

DRIVERS LICENSE Number _____ State _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize *Fathers in the Field* and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative report to be generated for volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security number; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information pertaining to me, to Fathers in the Field. I further authorize the complete release of any records or data pertaining to me which the corporation, or public agency may have, to include information or data received from other sources.

Fathers in the Field and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

I agree, Signature _____ Date _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



PART 5 - PASTORAL / PERSONAL AND APPROVAL FORM (1 of 3)

References should not be related to the applicant. Reference letters do not replace this form.

Section A: TO BE COMPLETED BY THE MENTOR FATHER APPLICANT

MENTOR FATHER’S APPLICANT’S NAME

Last _____ First _____

Middle _____ Preferred Name _____

ADDRESS

Number & Street _____

City _____ State _____ COUNTY _____ Zip/Postal _____

PHONE

Home _____ Cell _____ Fax _____

Day _____ Evening _____

E-MAIL ADDRESS

I, _____, GIVE *FATHERS IN THE FIELD* PERMISSION TO CONTACT THIS REFERENCE AND WAIVE MY RIGHT TO REVIEW ANY COMMENTS MADE AS A RESULT OF THIS CONTACT.

Applicant’s Name _____

I agree, Signature _____ Date _____

Section B: TO BE COMPLETED BY PASTOR

Name of Mentor Father _____

PASTOR'S NAME

Last _____ First _____

Title _____

How long have you known the applicant?

How long has he been a member of your Church?

What do you believe to be the applicant's greatest strength?

What do you believe to be the applicant's greatest weakness?

How would you describe the applicant's awareness of his calling as a Christian and of his response to that calling? (Check one)

- Very Solid/Mature Strong/Thriving Average/Growing Probable/Developing Possible/Vague Not apparent

(On a scale of 1-10 with 10 being the highest)

How appropriately does the applicant relate to young boys? _____

PART 5 - PASTORAL / PERSONAL AND APPROVAL FORM (3 of 3)

Section B: TO BE COMPLETED BY PASTOR

Name of Mentor Father _____

Carefully rate the applicant by checking the appropriate rating for each characteristic. On a scale of 1-5, 5 indicates that the applicant excels in that characteristic, and 1 indicates that the applicant does not demonstrate that characteristic. It is important that you rate the applicant to the best of your knowledge for each characteristic.

COMMUNICATION SKILLS	5	4	3	2	1
INTEGRITY	5	4	3	2	1
LEADERSHIP	5	4	3	2	1
RESPONSIBILITY	5	4	3	2	1
SELF-DISCIPLINE	5	4	3	2	1
SENSITIVITY TO OTHERS	5	4	3	2	1

Please list any circumstances of which *Fathers in the Field* should be aware before deciding on the applicant's suitability for the ministry.

Mentor Father Applicant Names, _____ has my APPROVAL to be a Mentor Father.

By signing below, I acknowledge, FitF Mentoring Ministry is not a para-Church Ministry, but only equipping the Church. Therefore, it is our Church's responsibility to have the oversight and accountability as it relates to his Mentoring activities.

Pastor's Signature _____ Date _____

Pastor's Title _____



PART 6 - PASTORAL REFERENCE AND APPROVAL FORM (1 of 3)

References should not be related to the applicant. Reference letters do not replace this form.

Section A: TO BE COMPLETED BY THE MENTOR FATHER APPLICANT

MENTOR FATHER’S APPLICANT’S NAME

Last _____ First _____

Middle _____ Preferred Name _____

ADDRESS

Number & Street _____

City _____ State _____ COUNTY _____ Zip/Postal _____

PHONE

Home _____ Cell _____ Fax _____

Day _____ Evening _____

E-MAIL ADDRESS

I, _____, GIVE *FATHERS IN THE FIELD* PERMISSION TO CONTACT THIS REFERENCE AND WAIVE MY RIGHT TO REVIEW ANY COMMENTS MADE AS A RESULT OF THIS CONTACT.

Applicant’s Name _____

I agree, Signature _____ Date _____

Section B: TO BE COMPLETED BY PASTOR

Name of Mentor Father _____

PASTOR'S NAME

Last _____ First _____

Title _____

How long have you known the applicant?

How long has he been a member of your Church?

What do you believe to be the applicant's greatest strength?

What do you believe to be the applicant's greatest weakness?

How would you describe the applicant's awareness of his calling as a Christian and of his response to that calling? (Check one)

- Very Solid/Mature Strong/Thriving Average/Growing Probable/Developing Possible/Vague Not apparent

(On a scale of 1-10 with 10 being the highest)

How appropriately does the applicant relate to young boys? _____

PART 6 - PASTORAL REFERENCE AND APPROVAL FORM (3 of 3)

Section B: TO BE COMPLETED BY PASTOR

Name of Mentor Father _____

Carefully rate the applicant by checking the appropriate rating for each characteristic. On a scale of 1-5, 5 indicates that the applicant excels in that characteristic, and 1 indicates that the applicant does not demonstrate that characteristic. It is important that you rate the applicant to the best of your knowledge for each characteristic.

COMMUNICATION SKILLS	5	4	3	2	1
INTEGRITY	5	4	3	2	1
LEADERSHIP	5	4	3	2	1
RESPONSIBILITY	5	4	3	2	1
SELF-DISCIPLINE	5	4	3	2	1
SENSITIVITY TO OTHERS	5	4	3	2	1

Please list any circumstances of which *Fathers in the Field* should be aware before deciding on the applicant’s suitability for the ministry.

Mentor Father Applicant Names, _____ has my APPROVAL to be a Mentor Father.

By signing below, I acknowledge, FitF Mentoring Ministry is not a para-Church Ministry, but only equipping the Church. Therefore, it is our Church’s responsibility to have the oversight and accountability as it relates to his Mentoring activities.

Pastor’s Signature _____ Date _____

Pastor’s Title _____