



Children's Volunteer Application

Thank you for your interest in the Children's Ministry. We appreciate you taking the time to share with us about yourself. Please know that the following information will be confidential and shared only with the appropriate pastoral and church staff as needed.

General Information

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Occupation _____ Employer _____

Work Status: Part-Time _____ Full-Time _____ Student _____

Marital Status: Single _____ Married _____ Divorced _____

Please Write a brief testimony about how you became a Christian.
(include how long)

For which department(s) are you applying for?

- Nursery (birth-24 months)
- Toddlers (2-3 year olds)
- Preschool (4-5 year olds)
- 1st-2nd Grade
- 3rd-4th Grade

For which position(s) are you applying for?

- classroom helper
- classroom teacher
- worship leader
- larger group speaker
- other _____

When are you able to help? (check and circle)

once a month (1st Sun 2nd Sun 3rd Sun 4th Sun 5th Sun)

twice a month (1st and 3rd Sun 2nd and 4th Sun)

Special Events/Conferences

Holidays

Please write any additional information regarding skills and/or interest you have and would like to use in Children's Ministry:

In caring for children, we believe it is our responsibility to seek a healthy staff that is able to provide safe and nurturing relationships. Please answer the following questions accordingly. Please direct any special concerns to Pastor Aaron.

How long have you attended Life Church? _____

What other ministry/church experiences have you been involved in?

What spiritual gifts do you feel you have and how would you use them in this ministry?

Why do you want to volunteer on the Children's Dream Team?

What do you do when you have a conflict with someone?

Are there any special concerns in your life right now that will impact your commitment and involvement (i.e. relationships, other commitments)?

Please respond to the following questions with a YES or NO answer. If YES, please describe where requested. Use the back of the form if you need more space.

Are you using illegal drugs? _____

Have you ever gone through treatment for alcohol use? _____

If yes, please

describe: _____

Have you ever been arrested or convicted of a crime? _____

If yes, please describe:

Have you ever had any sexual relations with a minor after you became an adult?

Have you ever been accused or convicted of any form of child abuse? _____

If yes, please describe: _____

Have you ever been the victim of any form of child abuse? _____

***If yes, would you like to discuss this with a pastor? _____

Are you willing to be fingerprinted for State Criminal Conviction Clearance?

Please use this space below to share any additional information or details you feel necessary. _____

Personal References

Please list three people who you know well that could answer several questions about your character. We will let you know if/when we will contact them.

Reference Name _____

Address _____

Phone Number (home) _____

Phone Number (cell) _____ Email _____

Relationship _____

Reference Name _____

Address _____

Phone Number (home) _____

Phone Number (cell) _____ Email _____

Relationship _____

Reference Name _____

Address _____

Phone Number (home) _____

Phone Number (cell) _____ Email _____

Relationship _____