Central Baptist Church
Children's Ministry
Volunteer Application

Date: _____

BASIC INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Email: _____

Preferred Method of Contact: _____

Age: _____ Birthday: _____

Occupation/Employment/School: _____

Are you certified in: ☐ CPR ☐ First Aid

Do you speak another language? If yes, list which ones._____

_____

Do you play an instrument? If yes, list which ones. _____

_____

CHURCH INFORMATION

What churches have you regularly attended in the last 5 years? _____

_____

Did you volunteer at any of them? _____

_____

Contact Person (name/phone #) at Church you volunteered at: _____

_____

How long have you attended Central? _____

What other ministries are you involved with at Central? _____

_____

When do you want to serve? (check all that apply)

- ☐ Sunday at 9:45 AM, Children's Worship
- ☐ Sunday at 10:45 AM, Sunday School
- ☐ Sunday at 5:00 PM, AWANA
- ☐ Wednesday at 6:00 PM, WEBS
- ☐ Special Events

What age group do you prefer to work with? (check all that apply)

- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade

How often would you like to volunteer?

- ☐ Weekly
- ☐ Every Other Week
- ☐ Once a Month
- ☐ As a Sub

List all previous experience you have working with children:

_____

_____

_____

_____

_____

_____

Do you have experience working with kids with special needs? If yes, please indicate what this experience is.

_____

_____

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_____

SPIRITUAL BACKGROUND:

When did you become a Christian? _____

_____

_____

Briefly describe your spiritual journey.

_____

_____

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_____

What are you doing to grow in your relationship with Jesus Christ? _____

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_____

_____

What are your spiritual gifts? _____

_____

_____

PERSONAL BACKGROUND:

Have you ever been convicted of a crime? _____

Have you ever been abused physically, sexually, emotionally, or verbally? When? Have you seen a professional counselor? Is there a pastor or staff member you would be willing to talk with about this?

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_____

Do you have any health issues that may affect your ability to work with children?_____

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_____

Are there any addictions or habits in your life that would hurt your testimony or the testimony of the church?

_____

_____

List at least two references including contact information. (cell number and email)

_____

_____

_____

_____

ATTACH A RECENT PHOTO.