



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)

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 3rd Grade |
| <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 4th Grade |
| <input type="checkbox"/> 2nd Grade | <input type="checkbox"/> 5th Grade |

How often would you like to volunteer?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Once a Month |
| <input type="checkbox"/> Every Other Week | <input type="checkbox"/> 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.

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?

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

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.

Please, note that your social media will be checked and if the application is not filled out 100%, it will not be considered.