

Grace Kid's Volunteer Application

*Confidentiality Statement- This application is to be completed by all Children's Ministry helpers within our church.
All applications are processed formally to provide a safe and secure environment for those who participate in our programs and use our facilities.*

Date: _____ Name (include Maiden): _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ E-mail: _____

Male Female Birth Date: _____ Marital Status: _____
 # of Children: _____
 Spouses Name: _____

Christian Experience

Please describe when and how you received Christ as your Savior and Lord:

How long have you attended Grace Fellowship Church? _____
 Do you support the work at Grace Fellowship with your tithes and offerings? Yes No

Do You Believe...

- Yes No That there is one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit
- Yes No That Jesus Christ was and is the Son of God.
- Yes No In His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of God the Father and in His personal return to this earth in power and glory.
- Yes No That all have sinned and that the only means of being cleansed from sin is through the blood of Christ.
- Yes No That regeneration by the Holy Spirit is essential for personal salvation.
- Yes No That man is justified by faith in Jesus Christ apart from works.
- Yes No In the resurrection of both the saved and the lost, the saved to everlasting life and the lost to eternal judgment.
- Yes No That the Bible is the infallible Word of God given to men by inspiration of God.

Christian Ministry Experience

List the names of other churches you've attended regularly in the last 5 years:

Name: _____	Name: _____
City, State: _____	City, State: _____
Reason for Leaving: _____	Reason for Leaving : _____

List any gifts, training, education or other factors that have prepared you for Christian Service:

Have you ever been in Children's Ministries before? Explain:

Why do you want to be involved in our children's ministry? _____

Lifestyle Questions

Do you have any limitations or conditions preventing you from performing certain types of activities relating to children's ministry? Yes No

If yes, please explain. _____

Have you ever been accused or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

If yes, please explain. _____

Desired Involvement

- | | | |
|--------------------------------------------|-----------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Music (sing/play) | <input type="checkbox"/> Special Events | <input type="checkbox"/> Welcome Table /Tag Assistance |
| <input type="checkbox"/> Skits | <input type="checkbox"/> Security | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Speaker | <input type="checkbox"/> Creative Projects |
| <input type="checkbox"/> Other _____ | | |

Please specify which area you desire to serve in.

- | | | |
|----------------------------------|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Little Blessings (ages 3-4) | <input type="checkbox"/> Super Church (ages 5-10) |
|----------------------------------|-------------------------------------------------------|---------------------------------------------------|

What do you feel your spiritual gifts are? _____

How often are you available? _____

Personal References (No employees or relatives.)

Name: _____

Phone: _____

Name: _____

Phone: _____

Applicant's Statement

The information I have given in this worksheet is correct and complete to the best of my knowledge. I agree that false information of significant omissions may disqualify me from further consideration for service and may be considered justification for dismissal if discovered at a later date.

I authorize Grace Fellowship Church to contact any references or churches listed on this application or otherwise available to give you information (including opinions) that they may have regarding my character and fitness for child/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive my right that I may have to inspect references provided on my behalf.

I agree to be bound by the policies of Grace Fellowship Church and to refrain from unscriptural conduct in the performance of my services on the behalf of the church.

Applicants Signature: _____

Date: _____

Witness: _____

Date: _____



growing in Jesus