

CHILDREN'S MINISTRY VOLUNTEER APPLICATION

Please print all information and do not omit any answers

Your Area of Interest: _____

PERSONAL INFORMATION

Name: Mr/Mrs/Ms _____
Last First Middle Initial
Address: _____
Street City State Zip
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Date of Birth: _____ Email Address: _____
Spouse's Name _____ Marital Status: _____
Children/Age: _____

WORK/EDUCATIONAL INFORMATION

Employment: _____
Present Employer Job Title Full/Part Time
Education/Training: _____
Highest Education Completed: _____ Major: _____ Grad. Yr _____

CHURCH INFORMATION

How long have you attended services at First Christian Church – Union? _____

Are you a member of First Christian Church – Union? **Yes** **No**

Previous work involving youth:

_____	_____	_____
Involvement	Church Name	City/State
_____	_____	_____
Involvement	Church Name	City/State
_____	_____	_____
Involvement	Church Name	City/State

PERSONAL BACKGROUND

1. When working in your area of interest, are there any medical conditions that would prevent you from performing certain types of activities?

YES NO

If Yes, please explain: _____

2. Have you ever been accused and/or convicted of domestic violence, pornography, child abuse, molestation or any other sexual or assaultive crime related to persons?

YES NO

3. Have you ever been counseled for any of the situations described in number 2 above?

YES NO

4. Any other gifts or talents that would assist you in your area of interest?

The information contained in this application is correct to the best of my knowledge.

Signature

Date