

Life Bridge Children's Ministry Adult Volunteer Application Form

This form is to be completed by all applicants who are involved in the supervision or custody of minors. It is the primary goal of this Children's Ministry to create a safe and secure environment for all the children and workers who are involved in this ministry. To facilitate this emphasis it is necessary to gather pertinent information from those who work with our children. This information will be used for the sole purpose of helping the Children's Ministry be a safe and secure environment for all involved.

General Information

Date _____

First Name _____ Last Name _____

Birth Date _____ E-mail Address _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Best time to be contacted _____

Where Employed _____ Work Phone (____) _____

Family Information

Single _____ Married _____ Widowed _____ Divorced _____

Spouse's Name (if applicable) _____

Do you have any children? Yes _____ No _____ How Many? _____

<u>Name's</u>	<u>Age</u>	<u>Gender</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Ministry Information

1. Are you currently a member of this church? Yes _____ No _____

If yes, since when: Month _____ Year _____

2. Do you regularly attend services? Yes _____ No _____

3. In what area of ministry are you currently involved?

_____ How long? _____

4. In what area would you like to serve?

Toddler Lane (birth - 3 years old)	Yes _____	No _____
Kid's H.O.P. (4 years old - 1st grade)	Yes _____	No _____
Kid's R.O.C.K. (2 nd - 5 th grade)	Yes _____	No _____

5. Please select times and days you prefer to serve:

Sunday warm-up time 9:00 a.m. - 10:15 a.m.	Yes _____	No _____
Sunday worship time 10:15 a.m. - end of service	Yes _____	No _____

6. What skills, spiritual gifts, or talents do you have which might be useful in this ministry?

7. What training or experiences do you have which might be useful in this ministry?

8. If you could volunteer for any position without fear of failure, what would it be?

9. Why have you chosen to work with children?

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Personal Situations

1. **Have you ever been convicted of a criminal offense?** (If yes, please explain)
Yes _____ No _____

2. **Have you been convicted of child abuse, neglect, or sexual abuse or been involved in an activities related to molesting or abusing children/youth?** (If yes, please explain)
Yes _____ No _____

3. **If there has been alcohol, drug abuse, physical or sexual abuse in your family, what steps have you taken to minimize the impact that those issues may create for you, both now and in the future?**

Military Service:

Branch _____ Rank _____ Discharge _____

References: (Please provide name and phone # of three references. (Must be 18 or older, not family)

Name: _____ Phone # (____) _____

How long have you known this person? _____

Name: _____ Phone # (____) _____

How long have you known this person? _____

I certify that all the information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Signature _____ **Date** _____