



Children's Ministry Team Member Application

Name: _____
Last First

Address: _____
Street City Zip

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email: _____

Best time to be contacted _____

Birthday _____

Present Church Member (At FPB)? Yes No In Membership Process

(If not a regular attender or member at FPB, where do you normally attend? _____)

Church positions held in the past _____

If you have attended FPB for less than 6 months, please list another church where you have volunteered in the past, as well as a name of a church employee or leader who has served with you and a phone number:

Ministry where you would most like to serve?

- | | | |
|--|---|---|
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Childrens' Choir | <input type="checkbox"/> Nursery Care/ Preschool |
| <input type="checkbox"/> Kid University(1 st -6 th) | <input type="checkbox"/> Route 56 | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Critterland (Preschool age) | <input type="checkbox"/> At home projects | <input type="checkbox"/> Welcome Center/ Check In |

Age group you would most enjoy working with? (1st, 2nd 3rd choice)

- | | | |
|---|--|--|
| <input type="checkbox"/> Babies/ Toddlers | <input type="checkbox"/> 2 -3 Yr. Olds | <input type="checkbox"/> 4-5 Yr. Olds |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 st - 3 rd Grade | <input type="checkbox"/> 4 th - 6 th Grade |

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

What training or experience do you have which might be useful in this position?

Do you have any health conditions that may pose a health risk to children?

Tuberculosis	Yes	No
AIDS/HIV	Yes	No
Epilepsy	Yes	No
Hepatitis	Yes	No

Have you ever been convicted of, or plead guilty to any crime other than minor traffic violations?

Yes No

(If yes, please explain, --on another page if necessary)

Have you ever been accused of sexual, physical, or neglectful abuse of a minor?

Yes (please explain) No

Has the issue been resolved? _____ How?

(optional) Were you a victim of abuse or molestation while you were a minor? Yes No

We would love to know a little about how you came to know Christ as your Savior and your present relationship with him.

References: (Please provide two references who are not relatives)

Name

Phone

Email Address

I certify that all 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 _____