

CROSSLINK COMMUNITY CHURCH CHILDREN'S MINISTRY
NURSERY, PRESCHOOL, CHILDREN
VOLUNTEER APPLICATION

DATE: _____

(Please PRINT NEATLY)

NAME: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____
(Street / PO Box) (City) (State) (Zip Code)

HOME PHONE: _____ CELL: _____ WORK: _____
(include area codes)

EMAIL: _____ ARE YOU A MEMBER? _____ How long? _____

MINISTRY INFORMATION:

- AGE GROUPS YOU DESIRE TO SERVE: (please circle ALL desired groups)

INFANTS TODDLERS 2-3 YEAR OLDS 4-5 YEAR OLDS

GRADES: 1-2 3-4-5

- SERVICES YOU CAN TO WORK AND HOW OFTEN: (please circle choices)

❖ SUNDAYS: FIRST SERVICE SECOND SERVICE SPECIAL EVENTS VBS
❖ ONCE A MONTH EVERY 5TH SUNDAY EVERY OTHER SUNDAY WEEKLY OTHER: _____

- IN WHICH OF THE FOLLOWING POSITIONS DO YOU DESIRE TO SERVE?

(please circle ALL desired positions)

TEACHER ASSISTANT GREETER SPECIAL NEEDS CHILDREN MUSIC
STORYTELLING PUPPETS OTHER: _____

- IF NONE OF THE ABOVE, WHAT OTHER AREAS CAN YOU VOLUNTEER? (circle choices)

SET-UP CLASSROOM BREAK DOWN CLASSROOM HELP WITH CURRICULUM
CRAFTS/ART SEWING BAKING CLEANING OTHER: _____

- HAVE YOU EVER SERVED IN A NURSERY/CHILDRENS MINISTRY BEFORE? _____

If YES, in what capacity? _____

- WHAT AREAS OF CROSSLINK NURSERY/CHILDRENS MINISTRY DO YOU PRESENTLY SERVE?

- WHAT AREAS OF THIS MINISTRY HAVE YOU PREVIOUSLY SERVED?

- WHAT OTHER AREAS OF CROSSLINK CHURCH YOU ARE PRESENTLY SERVING?

- ARE YOU WILLING TO COMMIT TO ATTENDING OUR MINISTRY ORIENTATION AND ONGOING TRAINING SESSIONS? YES NO

If not, please explain: _____

FAMILY INFORMATION:

DO YOU PRESENTLY HAVE ANY CHILDREN IN OUR NURSERY/CHILDREN'S MINISTRY?

If YES, please PRINT their names and ages:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

PERSONAL INFORMATION:

How long have you been a Christian? _____

Please share briefly about yourself and your salvation experience or testimony.

VOLUNTEER STATEMENT

I, _____, HEREBY ATTEST THAT I HAVE NEVER BEEN CONVICTED
(PRINT YOUR NAME)

OF OR PLEADED GUILTY TO ANY CRIMES OR ABUSE INVOLVING MINOR CHILDREN OR ANY OTHER CRIMES OR ACTS OF VIOLENCE. NO CHILD HAS BEEN REMOVED FROM MY HOME FOR ANY OF THE ABOVE REASONS.

Signature _____ Date _____