



Application Received by _____ Date _____
Application Approved by _____ Date _____
Training Completed by _____ Date _____
Entered in CCB and Sheets by _____ Date _____

CHILDREN'S MINISTRY APPLICATION – JUNIOR CAREGIVER

*(The Junior Caregiver Application is for those age 17 or younger)
We ask that you attend regularly for 6 months or longer before applying to help in children's
ministry.*

Name:

Date:

Address:

Phone:

Date of Birth:

E-mail:

Gender: M or F

I have attended Grace Bible Church since *(approximate month/year)*:

In what areas of ministry are you interested in serving? Please check all that apply.

- | | | | |
|------------------|--|--|--------------------------------------|
| Sunday | <input type="checkbox"/> Tiny Tots Nursery | <input type="checkbox"/> Sunday School/Children's Church | <input type="checkbox"/> Kids Church |
| Wednesday | <input type="checkbox"/> Tiny Tots Nursery | <input type="checkbox"/> Kids Club | |
| Other | <input type="checkbox"/> VBS | <input type="checkbox"/> LoveHutch & Activities like Cinco de Mayo & LoveLincoln | |

Please provide 2 character references (not related to you):

Name _____

Phone _____

E-mail _____

Relationship _____

Name _____

Phone _____

E-mail _____

Relationship _____

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____