



CHILDREN'S MINISTRY VOLUNTEER APPLICATION

GENERAL INFORMATION

All personal information obtained in this application is held in strict confidentiality and will be only for the purpose of obtaining appropriate background information when required by Kindred Community Church and/or local and state governing agencies to insure the safest environment possible for our children.

Full Name: (First) _____ (Middle) _____
(Last) _____

Date of Birth: ____/____/____ SSN: ____-____-____

Street Address:

Mobile Phone: _____ Home Phone: _____

Email: _____

Marital Status: Single Married Widowed Divorced Separated

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Phone: _____

CHURCH INFORMATION

How long have you been attending Kindred? _____

Are you a member? YES NO IN PROCESS

Please list other church ministries that you have been or are currently involved in:

REFERENCES

Please list three references below from Kindred Community Church

1. _____

2. _____

3. _____

LEGAL

In caring for our children, it is our legal responsibility to seek an adult staff that is able to provide healthy, safe and nurturing relationships. Please answer the following question completely. Any special concerns may be discussed individually with the Children's Pastor or an Elder. Your responses will be held in complete confidentiality.

1. Have you ever been convicted of a crime? No Yes (if yes, please explain)

2. Have you ever been accused or convicted of child abuse and/or sexual molestation of a minor? No Yes (if yes, please explain)

3. Have you ever gone through treatment for alcohol or drug abuse or are currently using any form of illegal drugs? No Yes (if yes, please explain)

4. Are you willing to be background checked and/or fingerprinted for the State Bureau of Criminal Identification? Yes No

MINISTRY PREFERENCES

I am interested in serving in the following areas:

- | | | |
|--|--|---|
| <input type="checkbox"/> Security Team | <input type="checkbox"/> 4 Year Olds | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Newborn | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Craft Prep |
| <input type="checkbox"/> Crawler/Walkers | <input type="checkbox"/> 1 st – 2 nd Grade | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> 2 Year Olds | <input type="checkbox"/> 3 rd – 6 th Grade | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> 3 Year Olds | | Support |

I am interested in serving during the following services:

- 1st Service (8:30am)
- 2nd Service (10:30am)
- No Preference

I am interested in serving with the following frequency:

- Every Week
- Every Other Week
- Every Month
- Other

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Kindred Community Church or its representatives to obtain any and all information relating to myself working with minors. Kindred Community Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children's ministry volunteer. I understand that the personal information in this application will be held confidential by Kindred Community Church.

Signature: _____ Date: _____