

# Children's Ministry Volunteer Application Form

St. Paul's Summerville has a child safety policy, established by the diocese and founded on respect and love for the children of our church and community. This safety policy gives children, parents and all children's ministry staff a sense of confidence and peace. We ask cooperation in completing and returning this application.

## Personal Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Best time to call: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Occupation \_\_\_\_\_ Where employed \_\_\_\_\_

Phone \_\_\_\_\_ Can you receive calls at work? Yes No

Spouse Yes No Name \_\_\_\_\_

Children Yes No Name(s) and age(s) \_\_\_\_\_

Are you currently a member of St. Paul's? Yes No If yes, how long? \_\_\_\_\_

Please list other churches and locations where you have regularly attended over the past five years. \_\_\_\_\_

\_\_\_\_\_

Are you currently under a charge or have you ever been convicted of or pled guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor? Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Are you currently under a charge of have you ever been convicted guilty of or pled guilty to possession/sale of controlled substances or of driving under the influence of alcohol? Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Is there any other information that we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Church Activity

1. Please write a brief statement of how you became a Christian.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Children's Ministry Volunteer Application Form Cont'd...

2. In what activities/ministries of our church are you presently involved?

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3. Experience:

a. What volunteer or career experiences with children have you had in the church or the community?

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b. List any gifts, calling, training, education or other factors that have prepared you for ministry to children.

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4. Preferences: In what capacity and with what age group would you like to minister? Explain your choice.

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5. Concerns: What causes the greatest feelings of apprehension as you contemplate this ministry?

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**Personal References** (Not a former employer or relative)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Applicant's Statement**

The information contained in this application is true and correct to the best of my knowledge. I authorize any of the above references or churches to give you any information that they may have regarding my character and fitness to work with children.

I hereby certify that I have read and that I understand the attached provisions of 63-7-310.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Desired Age Group**

- Nursery/Toddler
- Preschool
- Elementary

**Desired Service Time**

- Sun 9:00
- Sun 10:45
- Impact Sunday Eve.

**For Office Use**

Background \_\_\_\_\_

References \_\_\_\_\_

Orientation \_\_\_\_\_

Name Badge \_\_\_\_\_