



Confidential Children's Ministries Student Volunteer Application

Discovery Fellowship Church

Thank you for choosing to serve in Children's Ministries as a member of our team, partnering with parents to guide kids toward a heart for God. It is a privilege to minister to kids here at Discovery. It's never babysitting, but truly ministry to children from birth through 5th Grade.

PLEASE COMPLETE AND RETURN THIS APPLICATION TO THE CHILDREN'S MINISTRIES DIRECTOR.

This application is to be completed by all applicants, ages 17 and under, for any position involving the supervision or custody of minors. It will help provide a safe and secure environment for all infants, toddlers, preschoolers, and children who participate in our ministries and use our facilities. The information contained in this application will be kept confidential, but will be disclosed only to those who have a genuine need to know in order to carry out their responsibility for/in Discovery Fellowship Church, or as required by law. The purpose of obtaining this information is to protect both our volunteers and children. This is not an employment application form.

Personal Information

Name _____ Date _____

Home Phone _____ Cell Phone _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Grade _____ School _____

Date available to begin serving _____

Church Activity

When did you begin attending Discovery Fellowship Church? _____

Do you regularly attend a worship service at Discovery? ___No ___Yes If so, which hour? _____

Have you personally and publicly accepted Jesus Christ as your Lord and Savior? ___No ___Yes

If so, when? _____

Are you committed to striving to display the character of Jesus through your life? ___No ___Yes

Are you currently serving in another church ministry? ___No ___Yes If so, please list: _____

Why do you feel that you want to serve in Children's Ministries?

Though it is not required, prior experience working with children:

References:

Please list at least two adults you have known for at least two years, who are not related to you, who have specific knowledge of your character and ability to work with children, and who fit the classifications below.

1. Our church (or previous church) member or staff person:

Name _____ Phone _____

Email _____

Association _____ Length of time known _____

2. Social friend or neighbor:

Name _____ Phone _____

Email _____

Association _____ Length of time known _____

3. If employed, employer or fellow employee:

Name _____ Phone _____

Email _____

Association _____ Length of time known _____

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further state that I have carefully read the forgoing release and know the content thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature _____ **Date** _____