## VOLUNTEER APPLICATION

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| Name: Date of Birth: ­\_\_\_/\_\_\_/\_\_\_E-Mail Address: Address: Please indicate how you would prefer to be contacted:Are you CPR certified or do you have medical Training?  | Date: \_\_\_/\_\_\_/\_\_\_Marital Status:Phone Number:Phone call \_\_\_ E-mail\_\_\_ Text\_\_\_ Facebook\_\_\_ Yes\_\_\_\_ No\_\_\_\_\_ |

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| About You |  |  |  |  |

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| How long have you attended our Church? | How long have you attended our Church? |
|  | What programs in our church do you participate in on a regular basis? (Life group, Wed. Prayer services, ect.) |
| What programs in our church do you participate in on a regular basis? (Life Group, Wed. Prayer services, ect.)  |  |
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| Describe your experience with Children (paid or volunteer): |  |
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| Why do you want to work in Children’s Ministry? |  |
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| What do you enjoy about being with Children? |  |
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| What areas are you interested in volunteering?  |  |
|  Littles (0-2yrs)\_\_\_\_\_, Middles (2yrs)\_\_\_\_\_, Middles (3yrs)\_\_\_\_\_, Middles (4yrs-Kindergarten)\_\_\_\_\_, Bigs(1st- 5th)\_\_\_\_\_ |  |
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| Indicate which KCF HELPERS classes you have attended: 101\_\_\_\_, 201\_\_\_\_, 301\_\_\_\_ |  |
| If you have not completed all three are you willing to complete them? |  |
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| Have you ever been convicted of a crime? |  |
| If yes, when and what for? |  |
| \*Our policy requires criminal background check for all volunteers and staff |  |
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| References |  |  |  |  |

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| Name: | Telephone Number: |
| How do you know this person? | How long have you known this person? |

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| Name: | Telephone Number: |
| How do you know this person? | How long have you known this person? |

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| Name: | Telephone Number: | Action Items: | Person Responsible: | Deadline: |
| How do you know this person? | How long have you known this person? |  |  |  |

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| Please describe your walk with Jesus Christ: |
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