## 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 |  |  |  |  |  |  |  | | --- | --- | | 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.) |  | |  |  | | Describe your experience with Children (paid or volunteer): |  | |  |  | |  |  | | Why do you want to work in Children’s Ministry? |  | |  |  | |  |  | |  |  | | What do you enjoy about being with Children? |  | |  |  | |  |  | |  |  | | What areas are you interested in volunteering? |  | | Littles (0-2yrs)\_\_\_\_\_, Middles (2yrs)\_\_\_\_\_, Middles (3yrs)\_\_\_\_\_, Middles (4yrs-Kindergarten)\_\_\_\_\_, Bigs(1st- 5th)\_\_\_\_\_ |  | |  |  | | Indicate which KCF HELPERS classes you have attended: 101\_\_\_\_, 201\_\_\_\_, 301\_\_\_\_ |  | | If you have not completed all three are you willing to complete them? |  | |  |  | | 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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| |  |  | | --- | --- | | Name: | Telephone Number: | | How do you know this person? | How long have you known this person? |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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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