

VOLUNTEER APPLICATION

Church of the Saviour Children's Ministry

651 N. Wayne Avenue, Wayne, PA 19087
610-688-6338, Ext. 230

Date: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Gender (circle one): Male Female

Cell Phone: _____ Work Phone: _____

Email address: _____

Date of Birth: _____

Marital Status (circle one): Single Married Separated Divorced

If married, full name of spouse: _____

Children's names and ages: _____

Present Employment

Employer Name: _____

Your position: _____

Length of time employed there: _____

Education

College: _____ Major: _____

Graduated: Yes No

College: _____ Major: _____

Graduated: Yes No

Trade/Vocational School: _____

Graduated: Yes No

High School: _____

Graduated: Yes No

Membership

How long have you regularly attended COS? _____

Have you become a member? Yes No If yes, date: _____

Would you be interested in membership? _____

Worship service you will attend while you serve in Children's Ministry?

8:15 9:30 11:00 6:00

What small church/life group do you attend? _____

Availability

When are you able to begin serving? _____

Ministry Preference: (Please circle all that apply)

SUNDAY-- Nursery (birth-2 yrs.) Preschool (2 yrs.-K) Elementary (Gr. 1-6)

Please circle any of the services for which you can serve: 9:30 11:00

Age/Grade Preference _____

TUESDAY-- AWANA(K-Gr. 4) WANAJAM(Gr. 5&6) Fun-Time Café Kid's Choir

Age/Grade Preference _____

Ministry Experience

Please detail any ministry experience you have had (noting particularly leading / teaching /or supporting children's ministry experience):

List any gifts, training, education or other factors (i.e. a parent!) that have prepared you for ministering to children: _____

Spiritual Journey

How long have you been a Christian? _____

Summarize how you came to know Jesus Christ as your Saviour?

What do you do on a consistent basis to keep yourself spiritually fresh and growing? _____

Please list your spiritual gift(s) according to those listed in these references (Romans 12:4-8; 1 Cor. 12; Eph. 4:1-13) _____

Calling

Describe why you feel called to work with children at COS? _____

Personal Information

List your hobbies and interests: _____

Are there any physical limitations that may impair your ability to serve in any area of Children's Ministry? _____ If yes, please explain. _____

Have you ever been convicted for use or sale of drugs? _____
If yes, please explain: _____

Have you ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct? _____
If yes, please explain: _____

Have you ever been hospitalized or treated for alcohol or substance abuse? _____
If yes, please explain: _____

Have you ever been arrested for a criminal offense excluding minor traffic violations? _____ If yes, please explain: _____

Have you ever been accused of, arrested for, or convicted of any sexually related crimes? _____ If yes, please explain: _____

Have you ever been accused of, arrested for, or convicted of any abuse related actions? _____ If yes, please explain: _____

Are there any circumstances involving your lifestyle or background that would call into question your being entrusted with the care of children? _____

Release

The information contained in this application is correct to the best of my knowledge. I authorize Church of the Saviour to verify the information on this form by contacting my references and appropriate government agencies. I authorize any references, churches, or other organizations listed in this application to give Church of the Saviour any information regarding my character and fitness for working with children. I release all such references from liability for any damage that may result from furnishing such evaluations to Church of the Saviour.

Applicant's signature: _____ Date: _____

Personal References

Please list 3 references that can validate your spiritual life and/or your ability to work with children.

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Capacity in which this person knows you? _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Capacity in which this person knows you? _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Capacity in which this person knows you? _____

Should my application be accepted, I agree to be bound by the by-laws, statement of faith, and department policies of Church of the Saviour, Wayne, PA, and to refrain from unscriptural conduct in the performance of my services on behalf of COS. I understand that the personal information contained on this form will be kept strictly confidential by Church of the Saviour.

Applicant's signature: _____ Date: _____

For Ministry Coordinator's Use:

Applicant interviewed by: _____ Date: _____

Background check performed date: _____

Background check status: Approved Rejected