

Cypress Wesleyan Children's Ministry Volunteer Application

Name: _____ Date of Birth: _____
Marital Status: _____ Spouse's Name(if applicable): _____
Home Address: _____ Home Phone: _____
Work Phone: _____
Email Address: _____

Names (first and last) of children: _____ Age: _____
_____ Age: _____
_____ Age: _____

Place of Employment: _____

Emergency contact: Name: _____ Home Phone: _____ Cell Phone: _____

Church Membership:

_____ I am a Covenant Member of Cypress Wesleyan Church
_____ I am a Community Member of Cypress Wesleyan Church
_____ I am a member of _____
_____ I am not a member of any church

How long have you attended Cypress Wesleyan Church? _____

What is your religious background? _____

Have you made a personal commitment to Jesus Christ? (please circle) Yes No

If yes, briefly describe your relationship with Jesus Christ:

Please list any gifts, training (CPR, lifeguard, first aid, etc.), work experience, education, and interests that relate to serving in children's ministry.

Please describe briefly any other church involvement over the past few years. Also include involvement in any committees, organizations, or groups either within Cypress Wesleyan or in the community? _____

Have you ever been accused of, arrested for, or convicted of any of the following:

Child abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Actual or attempted sexual molestation of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain: _____

Please provide the names and phone numbers of two references (not related to you) who can describe you in a way that is relevant to your involvement in children's ministries at Cypress Wesleyan.

1. Name _____ Phone _____ 2. Name _____ Phone _____

All the information I have provided in the process of applying to work with the children of Cypress Wesleyan is true and correct to the best of my knowledge. I voluntarily and knowingly authorize any person named herein as a contact to give to the staff of Cypress Wesleyan any information they may have regarding my character and fitness for working with children. I voluntarily and knowingly fully release and discharge all such contacts from liability for any evaluation provided of me.

Signature: _____ Date: _____

Reviewing Staff Signature: _____ Date: _____

Please return to Kathy George, Children's Ministry Director. All information provided on this form will be held in a confidential file by the Ministry leader.

Revised 5/3/09