



## Children's Ministry Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Which Children's Ministry volunteer position(s) are you interested in? \_\_\_\_\_  
\_\_\_\_\_

What age group(s) do you enjoy working with? (circle all the apply)

*Nursery (infants or toddlers)*

*Lower Elementary (K – 2<sup>nd</sup> Grade)*

*Preschoolers (3-5 year olds)*

*Upper Elementary (3<sup>rd</sup> – 5<sup>th</sup> Gr.)*

*Special Needs Ministry*

*Large Group (Worship, Tech, Storytelling)*

Why do you want to serve in Children's Ministries? \_\_\_\_\_  
\_\_\_\_\_

Have you served in Children's Ministries before? \_\_\_\_\_ If yes, in what capacity? \_\_\_\_\_  
\_\_\_\_\_

When are you available to serve? (circle all that apply)

*1<sup>st</sup> Hour Sunday service (9:15)*

*2<sup>nd</sup> Hour Sunday service (11:00)*

*Wednesday Evenings (6:30-8:00)*

*Special Events*

How long have you attended First Free? (If less than one year, list previous church name, address and phone number.) \_\_\_\_\_  
\_\_\_\_\_

Briefly share your testimony (spiritual journey). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you believe are your spiritual gifts? \_\_\_\_\_  
\_\_\_\_\_

Describe your experience with children (paid or volunteer) \_\_\_\_\_  
\_\_\_\_\_

What do you enjoy about being with children? \_\_\_\_\_  
\_\_\_\_\_

What do you enjoy doing? (hobbies and activities) \_\_\_\_\_  
\_\_\_\_\_

What are your strengths? (Do you enjoy planning/ organizing? Do you enjoy completing lists or enjoy investing in people?) \_\_\_\_\_  
\_\_\_\_\_

Is there any other information about your experiences or your education that would enhance your ability to minister to children?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health limitations, prior injuries, convictions or experiences that would limit or affect your ability to minister to children? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**References (two people you know well who attend First Free that are not relatives):**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

*ALL volunteers working with children, students or vulnerable adults must fill out a  
Background Check at [firstfreelincn.org/background-check](http://firstfreelincn.org/background-check)  
Every volunteer must sign the expectation sheet and read the CM hand book.*

<b>Applicant Signature:</b> _____ <b>Date:</b> _____
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