



CHILDREN'S MINISTRY WORKER APPLICATION

FOR VOLUNTEERS UNDER THE AGE OF 16

PERSONAL INFORMATION (PLEASE PRINT)

Name: _____

Date of Birth: ____/____/____
date/month/year

Street: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

Day-Time Phone: () _____ ext. _____

Evening: () _____ ext. _____

Parent's Name : _____

Parent's Contact information:

Street: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

Day-Time Phone: () _____ ext. _____

Evening: () _____ ext. _____



INTERESTS & AVAILABILITY

1. Which areas of ministry are you interested in serving? *Please check all appropriate ones.*

Age(s)

- Babies
- Toddlers
- Nursery
- Kindergarten
- Grades 1 – 3
- Grades 4 – 6
- Grades 7 – 9
- High School

Area(s) of Ministry

- Sunday School
- Children's Clubs
- Vacation Bible Camp
- Youth Ministries
- Special Outreaches and
- Where I'm Most Needed
- Other: _____

2. What time commitment are you able to make?

- Daily
- Weekly
- Monthly
- Negotiable
- Other:

3. Are you prepared to attend seminars or workshops on nursery, children and/or youth ministry as required by the church? Yes No



HISTORY & EXPERIENCE

4. What is your present Membership or Adherent status at Trinity? Please check one. If you are unsure, contact the Church Office.

- On the Active roll of Church Membership at Trinity Evangelical Missionary Church
- On the Inactive roll of Church Membership at Trinity Evangelical Missionary Church
- Adherent for more than six (6) months at Trinity Evangelical Missionary Church
- Adherent for less than six (6) months at Trinity Evangelical Missionary Church

5. List any other churches, which you have attended regularly during the past five years and any experience involving babies, children and/or youth (attach a separate sheet if necessary):

| | |
|--------------------|--------|
| Church: | Dates: |
| Address: | |
| Position & Duties: | |

| | |
|--------------------|--------|
| Church: | Dates: |
| Address: | |
| Position & Duties: | |



6. List any gifts, callings; training, education, or other factors that have prepared you for nursery, children and/or youth work (attach a separate page, if necessary):

7. List all previous non-church experience involving babies, children and/or youth (attach a separate sheet if necessary):

| | | |
|--------------------|--|--------|
| Organization: | | Dates: |
| Address: | | |
| Position & Duties: | | |

| | | |
|--------------------|--|--------|
| Organization: | | Dates: |
| Address: | | |
| Position & Duties: | | |



REFERENCE

Please provide two (2) non-related reference who knows you well enough to evaluate your qualifications as a nursery, children and/or youth worker. Please try to pick one reference from such as:

1. Your employer or a co-worker.
2. A professional person (teacher, clergy, lawyer, etc.)
3. Someone who is familiar with your work with children.

REFERENCE 1

| | | | |
|----------|------------------------------|----------------------------------|----------------------------------|
| Name: | | Relationship: | |
| Address: | | | |
| Phone: | () _____ - _____ ext. _____ | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |

REFERENCE 2

| | | | |
|----------|------------------------------|----------------------------------|----------------------------------|
| Name: | | Relationship: | |
| Address: | | | |
| Phone: | () _____ - _____ ext. _____ | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evening |



STATEMENT OF AUTHORIZATION AND RELEASE

To the best of my knowledge, the information set out herein is true and correct. I authorize any reference or church named herein to release to Trinity Evangelical Missionary Church any information they may have which will assist Trinity Evangelical Missionary Church in evaluating my suitability as a worker within nursery/children/youth ministry.

I further release Trinity Evangelical Missionary Church from any claims or causes of action that may arise from their use of the information as provided by the other persons or churches.

I agree to abide by the Constitution and Bylaws, policies and procedures of Trinity Evangelical Missionary Church and/or Trinity Evangelical Missionary Church INC. and to refrain from any conduct unbecoming in the performance of my responsibilities on behalf of the Church.

Applicant's Signature

Date

Witness' Name and Signature

Date