



# **Children's Ministry Teenager Volunteer Application**

Applicant Name: \_\_\_\_\_

**Name:**

**Date of Birth:**

**Address:**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**Best Way to Reach You (circle one):**

Phone

Email

Text

## **ACTIVITY & MINISTRY INTEREST**

◆ **How long have you been attending GFC?**

◆ **Circle the hour you regularly attend GFC worship:**

Saturday 5:00 PM

Sunday: 9:30 AM

11:15 AM

Rooted: Sunday Evening

◆ **If you attended a church before GFC, what was the name of the church?**

◆ **List any other GFC ministries where you have been/are involved:**

◆ **If you are involved with Rooted Student Ministry, who is your leader:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Circle how often you would like to serve per month:**

1 Time      2 Times      Every Week

*\*\*1 time per month is Nursery or the Buddy ministry only*

**Circle which hour you would like to serve:**

Sunday 9:30 AM

Sunday 11:15 AM

Saturday 5:00 PM

**Rank your top 3 areas of preference in the Children, Student or Disability Ministry in which you'd like to serve (1 being your top preference):**

**Direct Ministry**

- \_\_\_\_\_ Nursery (birth-24 mo)
- \_\_\_\_\_ Preschool (2yrs-PreK)
- \_\_\_\_\_ Elementary (K/1, 2/3rd or 4/5th)
- \_\_\_\_\_ Buddy for a Child with a disability

**Support Opportunities**

- \_\_\_\_\_ Check In Welcome Team
- \_\_\_\_\_ Weekday office help
- \_\_\_\_\_ Prep Club (prepare curriculum for the weekends)
- \_\_\_\_\_ Technology Support / Social Media
- \_\_\_\_\_ Special Events for Children
- \_\_\_\_\_ Special Events for Disabilities
- \_\_\_\_\_ Hospitality / Food Prep and clean up

**Please tell us why you are interested in working with this Ministry and any experience you have had working with Children:**

**How did you come to know Jesus Christ as your Savior?** (attach an additional page if needed.)

PERSONAL REFERENCES (two references required - non relative, youth leader, teacher, etc.)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**APPLICANT’S STATEMENT**

*The information contained in this application is true. I authorize any references listed to give you any information (including opinions) they may have regarding my character and experience with regard to ministry with children. If I join the Children’s Ministry Team, I agree to be follow the policies of Grace Fellowship Church, the elders, and to act in the best interest of the ministry and of the church. I will be fully engaged in the Sunday morning teaching and in the lives of the children attending Sunday morning*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT’S PARENT STATEMENT**

*I am fully aware of the commitment that my child is making. I will commit to encouraging my child in his or her desire to serve by making sure that my child commits to responding to the schedule and by providing transportation for my child to arrive on time to serve.*

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_