



Immanuel Church

Children's Ministry Volunteer Application

This application is to be completed by anyone desiring to serve within a Children's Ministry program involving the supervision or custody of minors. The information collected is used to help the church provide a safe and secure environment for the children who participate at Immanuel Church. Once collected, the information will be securely stored and accessible only to the Elders and the Director of the Children's Ministry.

First Name: _____

Middle Name: _____

Last Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Home Address: _____

How many years have you been at your current address? _____ If less than five years, please give previous address: _____

Male Female Birthday: _____/_____/_____ Social Security #: _____

Married Single Divorced Widow(er) Number of Children: _____ Ages: _____

Emergency Contact (Name, Contact #, Relationship):

Please List Three References: Name, Point of Contact, and Relationship (family, friend, employer)

1. _____

2. _____

3. _____

Testimony:

Do you have a personal relationship with Jesus Christ? Yes No

Briefly describe:

How long have you attended Immanuel Church? _____

List any leadership/volunteer experience you have had with children:

List any training or education that has prepared you to work with children:

List any other Immanuel ministries in which you are involved:

Check below all areas of interest:

- Preschoolers (Babies – 2 years old)
- Children (2nd - 5th Grade)
- Sunday 9:00 am
- Special Events
- Preschoolers (3 years old – 1st grade)
- Children (6th – 12th Grade)
- Sunday 10:00 am

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the Immanuel staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

1. Have you had any experiences that might make it difficult for you to serve with children?
 Yes No
2. Have you ever been accused or convicted of the use or sale of illegal drugs?
 Yes No
3. Have you ever used illegal drugs?
 Yes No
4. Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse?
 Yes No
5. Have you ever been charged with a misdemeanor or felony?
 Yes No
6. Are you engaged in any conduct that is contrary to the teachings of the Bible?
 Yes No
7. Do you have any health issues that could place the children of Immanuel Church at risk?
 Yes No
8. Have you ever been denied legal custody of your children in any legal proceedings including divorce, decrees, or settlements?
 Yes No

If you answered yes to any of the above questions, please explain briefly:

Volunteer Agreement

A church is a body and each part of that body has gifts and talents to be used for the good of the whole body. Thank you for being willing to use your time, talents, and abilities for the glory of Jesus and the health of the Immanuel Church family.

I am volunteering to serve in the following ministry area:

- Connection Team
- Children's Ministry
- Fellowship Team
- Immanuel Cares Community Ministry
- Teen Ministry
- Worship Team

Seeking to reflect the good work of God, we ask you to agree to the following:

- Faithfully pray for the ministry and for myself as I seek to rely on God for strength to continue faithfully and submit myself for gospel growth in others;
- Support the leaders of my ministry area and Immanuel Church in my attitude, words, and actions;
- Strive to serve in a way that would glorify God through the level of excellence I demonstrate;
- Faithfully attend meetings and training events;
- When I am unable to fulfill my responsibility, I will seek to find someone else on the calendar to swap with and then notify the ministry leader of the change;
- Arrive no less than 15 minutes before the start of my ministry responsibility;
- Be prepared to fulfill my ministry responsibility.

Applicant's Signature: _____ Date: _____