



*Loving God and loving you!*

## Children's Ministry Volunteer Form

This form is to be completed by all those involved in the care and supervision of children at Knightsdale Baptist Church. It is being used to help the church provide a safe and secure environment for those children and families who participate in our programs and use our facilities.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

E-Mail Address (for church communication purposes) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse Name (if married) \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Emergency Contact (Name and Number) \_\_\_\_\_  
\_\_\_\_\_

Are you a person of Christian Faith? \_\_\_\_\_

How long have you attended Knightsdale Baptist Church? \_\_\_\_\_

Please check the services or groups you regularly attend:

- Sunday School       Sunday Worship       Wednesday Night

What leadership/volunteer experience have you had with children? List all previous church work involving children and youth (identify place and type of work)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age/Grade Preference:

Babies-Ones

Twos-Pre-K

K-2<sup>nd</sup> Grade

Anywhere

Please list any other church ministries you are involved in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Do you have any training or certifications that would enhance your work with our children (e.g. CPR, first aid)? \_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References: Please list 3 people who are not related to you by blood or marriage as references. Please list people who have known you for at least 3 years.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_