



Volunteer Application

Thank you so much for expressing interest in serving in KidLIFE – LIFE Fellowship’s Children’s Ministry. Every week, we surround kids with a creative and fun learning environment so that they can get to know the awesome God that created them. To maintain our commitment to excellence, we set high standards in the areas of safety and security. This is a lengthy application for you to fill out, but it is necessary for preserving our safe environment and complying with the federal Child Abuse Protection and Treatment Act as well as the state Child Care Act. We hope that you will not be offended by this application and realize the value of your investment in the protection of our children. We thank you for understanding and look forward to ministering together.

Please fully and accurately complete this Volunteer Application.

GENERAL INFORMATION

Information contained within will remain confidential and will be disclosed only to those individuals needing to know in order to carry out their responsibilities for LIFE Fellowship or as required by law.

Name: _____ Spouse’s name: _____
Last First Middle Initial Last First

Children’s names and ages: _____

Address: _____

Prior Address: _____

Home phone: () _____ Cell phone: () _____ Email _____

1. Do you regularly attend LIFE Fellowship?

____yes ____no If yes, since when? _____

2. How long have you been attending LIFE Fellowship? _____

3. Are you a member? [] no [] yes [] in process []

4. In what capacities are you presently serving? _____

5. Please list your previous church affiliations, including length of time attended.

6. Please briefly describe your previous ministry experience or pertinent training (Prior experience and/or training are not prerequisites to volunteer participation in KidLIFE).

7. Please briefly describe why you decided to serve in KidLIFE.

8. Have you committed to trust and follow Jesus as your personal Lord and Savior?

____yes ____no

9. Please briefly describe your personal spiritual journey to date:

10. Our desire is that each of us be growing in Christ. Please briefly describe your daily walk with God:

PERSONAL INFORMATION

The following information is very personal. Please know that it will remain confidential and will be considered in light of the life changing and healing power of Jesus Christ.

1. Have you ever been convicted or pleaded guilty to a crime? ___yes ___no If yes, explain:

2. Have you ever been convicted, accused of, or have you ever committed any act of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor? ___yes ___no
If yes, explain: _____

3. If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, please describe the steps you have taken to overcome the impact that these issues will create for you, both now and in the future.

4. Is there currently any physical abuse, neglect, or unhealthy habits in your life or home?
___yes ___no If yes, explain: _____

5. Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction?
___yes ___no If yes, explain: _____

6. Are there any circumstances or patterns in your life which would make it inappropriate for you to minister to minors or which would compromise the integrity of LIFE Fellowship?

____yes ____no

If yes, please explain:

7. Do you need help addressing any personal issues?

____yes ____no If yes, explain: _____

REFERENCES

Please list a person who has known you for at least one year who would be able to attest to your character and to your ability to work with children.

1. Name: _____ Length of time known: _____

Nature of association: _____ Occupation: _____

Address: _____

Home phone: () _____ Work phone: () _____

2. Name: _____ Length of time known: _____

Nature of association: _____ Occupation: _____

Address: _____

Home phone: () _____ Work phone: () _____

AUTHENTICITY AND AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they have regarding my character and ability to work with children. I authorize the release of the information contained in this application to any ministry at LIFE Fellowship that I seek a position. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I have carefully read and understand the criminal records release (on following page) and sign this release as my own free act.

Applicant's signature: _____ Date: _____

Parent signature (if applicant is a minor): _____ Date: _____