

- Please give us a brief summary of your testimony:

- What age group would you like to work with? (circle)

Nursery(5-24months)	Two's class
Preschool(3&4yrs.)	Kindergarten(5&6yrs.)
Grade School(1st-5th grade)	Jr. High
Any	
- What service do you prefer?(circle) **Sunday AM** **Saturday PM** **Any**
- Have you ever been convicted of, involved in, or plead guilty to the sexual molestation or child abuse of a minor? (circle) **Yes** **No**

References:

Please list 2-3 people who know you well and would recommend you for ministry with children. They need to have known you for at least three yrs. One should be a previous pastor or leader, and the other could be employer or friend. They must be able to testify to your character and trustworthiness.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

By my signature, I certify that all the information in this application is true to the best of my knowledge and I waive the right to inspect references and the right to hold the church liable for damages that may result from such evaluations. I also understand that in order to serve in this ministry I must be approved by all Pastoral staff and the Children's Ministry Director.

Signature: _____ **Date:** _____