

The Well Community Church Children's Ministry Volunteer Application

General Information: (please print)

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

e-mail: _____

Personal Information & Experience:

- How long have you attended The Well? _____
- Have you attended the "New to The Well" class? If not, are you planning to? _____

We encourage all our volunteers to be members of our church and either in a new membership class now or planning to attend one soon. This ensures that you're able to affirm the core doctrines of The Well and are committed to this community.

- What is your previous experience with children?

- Have you had any education or formal training that has prepared you to work with children?

- Why do you want to serve in The Well's Children's Ministry?

- 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: _____

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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:** _____