

## **Volunteer Application**

Name:	Phor	Phone Number: ()			
Address:Street		City		State Zip	
Email:			B	sirthdate:	_//
Preferred communication:	Call	Text	Email	Other:	
How long have you been att	ending Cap	otivate Ch	urch?:		
Do you know Jesus as your p	ersonal savi	or?: Y /	N		
Have you been baptized?:	Y / N				
Do you have any experience please specify below:	e working w	ith childrer	n inside or ou	itside of the o	church? If so
Briefly describe why you wou	ld like to sei	rve in our k	ids ministry:		
Age preference: Infants	- 1yr 1 yı	r - 2 yrs	3 yrs - 5 yrs	K - 2nd	3rd - 5th

List two strengths:
List two areas of necessary personal growth:
Have you ever been accused or convicted of a crime more significant than a traffic violation?: Y / N
If so, please describe in full detail including date of occurrence:
Do you agree to authorize a background check? Y / N
Any other information you would like us to know about you?:
Signature: /