

personal information

Why do you want to help in Children's Ministries?

Last Name Middle Name		First Name				
		Birth Date:		Gender: Male Female		
Address						
City		State		Zip Code		
Home Phone	Cell Phone:		E-mail	Do you check e-mail? : \ Yes \ No		
Parent's E-mail Address		School		Grade		
tell us about yourself						
What do you like to do?						
What activities do you enjoy?	Do any of the	ese activities require	your attendar	nce on Sunday mornings? Yes No		
What are your strengths?						
What are your weaknesses?						
serving experience						
Have you ever served with children, in or outside church? Yes No				If yes, please describe your experience.		

What is your relationship with God?				
Do you attend your grade-level programs on Sun	day mornings? 🔲	Yes 🔲 No		
If no, do you attend worship with your parents?	☐ Yes ☐ No			
Do you attend your grade-level programs during	the week? 🔲 Yes	□ No If ye	rs, which one:	
Are you a Christian? Yes No How o	do you know?			
What are you doing to grow in your relationship	with the Lord?			
If a child in the class you served in asked you how	w they could go to	heaven, what wo	ould you say?	
references				
Please give one reference in each of the catego program. Please ask the adult reference to write anneyunker@sbcglobal.net or to Jennifer Withers at	e a letter of recon	nmendation and		
Your youth pastor or Sunday school teacher	Years known	Phone	E-mail	
An adult who knows you well	Years known	Phone	E-mail	
finally				
Have you ever been convicted and/or accused o ☐ Yes ☐ No	of child abuse or a	crime involvinş	g actual or attempted molestation of a m	inor
If yes, please explain.				
Have you ever been convicted of a criminal offe	ense, not includin	g traffic violatio	ns? Yes No	
If yes, please explain.				
I certify that the information I have provided in t	his application is t	rue and correct.		
Signature			/	
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