



kidsLIFE Volunteer Application

Thank you for your interest in our Children's Ministry here at New Life Bible Church. Please fill out this application in its entirety, and after it has been received you will be contacted by our one of our staff. *Please Print.*

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Carrier: _____

E-mail: _____ Do you text? _____

Which age group(s) do you prefer? *(please circle all that apply)*

Birth – 2 years 2 years – 4 years Kindergarten – 1st grade 2nd – 5th grade

What skills, talents, or gifts has God given you that would be an asset to kidsLIFE?

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What makes you passionate about working with kids?

What experience do you have that would help you in working with kids?

Who was a major spiritual influence on you as a child? How did they influence you? _____

Please describe how you accepted Christ as Savior and how He is working in your life today. _____

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Personal Background Information

Please note that this information will be held in STRICT confidence by our church staff. Also, please keep in mind that answering "YES" to any of the questions below may not automatically disqualify you from serving in our ministry.

1. Have you ever been concerned that you might have an addiction to drugs, alcohol, pornography, or anything else? Has anyone ever suggested that you might have such a problem?
YES NO

If so, please explain: _____

2. Have you ever been arrested, convicted, or plead guilty to a crime (other than minor traffic citations)?
YES NO

If so, please explain: _____

3. Have you ever been accused, charged, alleged, or committed any act of neglecting, abusing, molesting, or battering any child or adult?
YES NO

If so, please explain: _____

4. Have you ever been treated for a psychiatric disorder?
YES NO

If so, please explain: _____

5. Is there any circumstance or pattern in your life which would make it inappropriate for you to serve or might compromise the integrity of New Life Bible Church?
YES NO

If so, please explain: _____

I feel uncomfortable filling out this form and would prefer to speak to a pastor about these issues.

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Criminal History Consent**

I, _____, authorize New Life Bible Church to receive any criminal history record information and MVR pertaining to me which may be in the files of any state or local criminal justice agency in the State of Oklahoma and acknowledge that the identification provided is true and complete.

Full Name (and maiden if applicable)

Date of Birth

Street Address

State / Country of Birth

City, State, Zip Code

Social Security Number (required)

Drivers License Number/State

Sex

Race

Printed Name

Signature

Date