

# Oak Church Children's Ministry Volunteer Information Form

In an effort to provide the best possible experience for the children and families of Oak Church, we want to know our volunteers! This form needs to be filled by any volunteer who wishes to work with or supervise minors (individuals under 18) at Oak Church.

## General Information

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Preferred method of contact (circle): Home Phone / Cell Phone / Text / Email

Do you regularly attend our worship services? Yes / No

If yes, about when did you start attending? \_\_\_\_\_

## Ministry Information

Have you personally accepted Jesus Christ as your Lord and Savior? Yes / No

Are you striving to display the character of Jesus through your life? Yes / No

Are you currently serving in another church ministry? Yes/No

If yes, which one(s)? \_\_\_\_\_

I have chosen to work with children at Oak Church because...

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I feel my greatest strength in serving the children of Oak Church will be: \_\_\_\_\_

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When I think about serving as a volunteer in the Oak Church Children's ministry, my greatest concern is: \_\_\_\_\_

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## References

Please provide 2 adult references of people who have known you for at least one year. These people should be well acquainted with you and have a definite knowledge of your character and your ability to work with children/students and/or persons with disabilities.

1. Oak Church (or previous church) member or staff person:

Name: \_\_\_\_\_ How you know them: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Email \_\_\_\_\_

2. Social friend or neighbor (can also be a church member, but doesn't have to be):

Name: \_\_\_\_\_ How you know them: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Email \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. As a volunteer at Oak Church, I will, with God's help, strive to be a faithful and dependable part of this ministry. I commit to continued spiritual growth as I serve in this ministry.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if applicant is under 16): \_\_\_\_\_

## Request for Criminal Records Check and Authorization

*Important: Every applicant, regardless of criminal record, must complete this section.*

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Applicant's signature: \_\_\_\_\_

Print full name: \_\_\_\_\_

Print maiden / alternate name if applicable: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Social Security Number: \_\_\_\_\_