

Salem Fields Community Church Family Ministry Volunteer Application

Office use only

Interviewed by: _____ Date: _____

Applicant will be serving in First Look 252 XP3(4th/5th) XP3(Jr High) Service: 5pm/6pm or 9am or 11am

Class: _____ T-Shirt Size: XS S M L XL 2XL

Scheduled Shadow Date: _____ Class _____ VA VP FF BGC Tag

Mr. Mrs. Ms. Last: _____ First _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ @ _____ . _____ Birthday: _____

Gender: M F Marital Status: (Circle which applies): Single Married Separated Divorced Widowed

Spouse Information:

Mr. Mrs. Last: _____ First _____

Are you CPR certified? Child/Infant Adult Exp. Date: _____

List all previous work and volunteer activities involving children: _____

Please provide your occupation/vocation, describe your educational background and list any gifts, training pertaining to your preparation to minister to children:

Are you a member of Salem Fields Community Church? _____ If not, are you willing to pursue membership? _____

By signing below, I certify that the information contained in this application is correct to the best of my knowledge. I authorize any references or previous churches listed to disclose any information they are privy to regarding my character for ministering to children. I hereby release all such references from liability for any damage that may result from furnishing such evaluations to Salem Fields Community Church and I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the policies of Salem Fields Community Church and the Mission, Vision and Values of its' respective Family Ministry.

Signature: _____ Date: _____

If you are a student (under 18):

Parent's Information:

Last Name: _____ First: _____

Parent Signature: _____ Date: _____