



Children's Ministry Volunteer Information Form

(Please complete and use space over the page if required)

Role: _____

Surname: _____ First Name/s: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____ Age (optional): _____

How long have you been attending this church? _____

Current occupation: _____ Employer: _____

Previous Experience: (with children or other experience relevant to the position you are applying for)

Please give a brief testimony of your faith journey so far:

Why do you wish to participate in Children's Ministry?

Please list your three main:

Strengths:

1. _____
2. _____
3. _____

Weaknesses:

1. _____
2. _____
3. _____

Personal Situations:

1. Have you ever been convicted of or pleaded to a crime? Yes / No
2. Are there any health issues we need to be aware of in order for you to fulfil this role? Yes / No
3. Is there anything in your personal history we should be aware of before you start working with children? Yes / No
4. Have you ever abused a child or been accused of abuse? Yes / No

(If you answered yes to any of these questions, please explain on additional page of paper overleaf).

Please give the name, address and phone number of two contactable references (Not relatives):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Are you involved in any other areas of ministry? Yes / No

If yes, what? _____

Verification of Truthfulness:

I affirm, to the best of my knowledge, that the information on this application is correct.

Signed: _____ Date: _____

Disclosure Consent:

I give permission for _____ Baptist Church to make such enquiries of such people as it considers necessary to assess my suitability for appointment to the position I am requesting.

Signed: _____ Date: _____

