



Children's Ministry Volunteer Application

Date: _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Other First Name: _____ Other Last Name: _____

Other Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday (Month/Day/Year) _____

Sex: Male _____ Female _____

Race: White / Black / Asian or Pacific Islander /

American Indian or Alaskan Native / Unknown or Other _____

Email: _____ Cell: _____ Home Phone: _____

Briefly share your salvation testimony: _____

REFERENCES
(not relatives)

Name _____ Yrs. Known _____

Relationship _____ Email _____

Name _____ Yrs. Known _____

Relationship _____ Email _____

CHURCH HISTORY

If you have not attended FBC of Calumet and Laurium for six months or longer, please provide the following information concerning previous church involvement:

Church name: _____ Length of Attendance: _____

Description of involvement in children's/youth ministry:

Reference name: _____

Email: _____

APPLICANT VERIFICATION AND RELEASE

The information contained in this application is correct to the best of my knowledge. I authorize FBC of Calumet and Laurium or its representatives to contact my references and the appropriate government agencies as deemed necessary in order to verify my suitability as a children's or youth volunteer.

Printed name: _____

Signature: _____

Date: _____