CROSSROADS KID'S MINISTRY

Name		Phone
Address		
Relationship to you		
Name		Phone
Address		
Relationship to you		
with children. In consideration of the Crossroads Christian Church, I here other person or organization, include ally, from any and all liability for dama result to me, my heirs, or family, on act this authorization. I waive any right about me by any person or organization of my application be accepted Crossroads Christian Church, and to of my services on behalf of the church I futher state that I HAVE CAREFULLY	e receipt by release ing record ages of whe count of o that I may ation ident , I agree t refrain fro ch. ' READ THE	o be bound by the by-laws and policies of munscriptural conduct in the performance IE FOREGOING RELEASE AND KNOW THASE AS MY OWN FREE ACT. This is a legall
Applicant's signature		
		Reference check
	Ó	Date
		Background check
		Date
		Interview

Please return this application to Crossroads Christian Church, PO Box 5386, Evansville, IN 47716, (812) 858-8668

Date

ADULT VOLUNTEER APPLICATION



Please check the box of the area in	which you'd like to volunteer:
Nursery	Preschool
Kids Church Grades 1-5 (Weekend Services)	Light Company

All Kids Ministry volunteers must completely fill out the following application. All volunteers 18 yrs. and older will be required to have a background check on file with us within the last two years or complete a new one.

NAME

DATE

Crossroads Christian Church

Kids Ministry Volunteer Application

At the request of our insurance company and to properly cover the liability of our church, all youth workers must completely fill out the following application. The purpose of this form is to guarantee the protection and welfare of the young people of our church.

INFORMATION	
PERSONAL	1

2	Name		_ Male Female	
INFORMATION	Date of Birth/(MM	/DD/YY	YY)	
RM	Present Address			
NF0	City State		Zip	
	Home Phone W	ork Pho	ne	
RSONAL	Marital Status:SingleMarried	Separ	atedDivorced	<u>Age</u>
	Spouse's Name:Childre	en's Nar	me:	
	Email address			
	Do you attend weekend services at Crossroads?	☐ Yes	☐ No Howlong?	
玛	Are you a member of Crossroads?	☐ Yes	□ No How long?	
CHUR	Have you served in a ministry at Crossroads?	☐ Yes	☐ No	
題	Which Ministries?	How	long?	
		How	long?	

Are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or youth? For example: chemical/sustance abuse, mental/physical health issues, contraction of a communicable disease (HIV, AIDS, Hepatitis, etc.), or an experience ☐ Yes ☐ No with abuse or molestation. If yes, are you willing to speak confidentially with a person from our Family Ministries staff regarding your answer? ☐ Yes

CHRISTIAN FAITH	Describe your life before you met Christ and now that you know him? Who are two people who have influenced you most in your desire to serve Christ? Name
	What area of interest would you like to serve in Crossroads Kids Ministry?

Please describe any volunteer work you have done in the last five years.

Please list any experience you have had in this area of interest.

Please place your personal observations about yourself and your preferences on the following:

Working with individuals....... 3 ... 2... 1 ... 0 ... 1 .. 2 ... 3 Leading a group toward a goal