



CHILDREN'S MINISTRY ADULT VOLUNTEER APPLICATION

**SPRING LAKE CHURCH
2240 KLONDIKE ROAD
GREEN BAY, WI 54311**

Thank you for taking the time to share with us about you. We want you to know that the following information will be confidential and only shared with appropriate pastoral staff deemed necessary.

GENERAL INFORMATION

Name _____ Date _____

Address _____

Phone (H) _____ (W) _____

Email: _____

Occupation _____ Employer _____

Work: _____ Part time _____ Full time _____ Student

Marital Status: _____ Single _____ Married _____ Divorced

Education

High School _____ Yr. Graduated _____

College _____ Yr. Graduated _____

Degree _____

PERSONAL INFORMATION

How long have you attended Spring Lake Church?

Have you completed Spring Lake's One-to-One Discipleship program? Yes _____ No _____

Would you be willing to pursue completing this? Yes _____ No _____

Please write a brief testimony about how and when you became a Christian.

How would you describe your spiritual walk now?

Why do you want to work in the children's ministry? Have you worked in children's ministry before? If so, what was your experience like?

What other ministries have you been involved in and reasons for ending that ministry?

What spiritual gifts do you feel you have and how would you like to use them in this children's ministry? Do you have any special skills that could be helpful to the children's ministry (drama, music, sports, etc.)?

What are some of your expectations of the children's ministry director and staff?

Are there any special issues or concerns happening in your life right now that would have an impact on your commitment and involvement in the children's ministry (relationships, other commitments, etc.)?

MINISTRY PREFERENCES

Please see the boxes below for various areas of children's ministry and mark your areas of interest.

PRE-SCHOOL SUNDAY SCHOOL

Please check your choice in each category listed.

1. Role
 Teacher Helper
2. Age group
 2 yr. olds 3 yr. olds 4 yr. olds 5 yrs./kindergarten
3. Service Time
 9:00 10:30
4. Frequency
 Every Week Job Share

1ST -4TH GRADE SUNDAY SCHOOL

Please check your choice in each category listed.

1. Role
 Large Group Teacher Small Group Leader
(Teaching spans 1st-4th grades)
2. Age Group (for small group leader)
 1st-2nd Grade 3rd-4th Grade
3. Service Time
 9:00 10:30
4. Frequency
 Every week Job share

CHILDREN'S WORSHIP TEAM

_____ Leading Singing
_____ Sunday morning team (This team consists of 4 sub-teams that lead worship during the first 15 minutes of both services one Sunday a month.)
_____ Club 252 team (This team leads worship every Monday night for Club 252).
_____ Tech Crew (Serve during the whole service hour for one service on a Sunday.)
_____ 9:00 crew _____ 10:30 crew

SPECIAL NEEDS MINISTRY

_____ Buddy (Assisting the same student in class at least one Sunday a month.)
_____ Special Needs Sunday School Class (meets at 10:30)
_____ Teach _____ Help in the classroom

MONDAY NIGHT CLUBS

_____ Leader or _____ Helper (Check one)
Check an age group.
_____ Kindergarten _____ 1st grade _____ 2nd grade
_____ 3rd grade girls _____ 4th grade girls _____ 3rd & 4th grade boys
_____ Help with games
_____ Help with check-in every week

GREETER

A person ministering in this area must greet families on a Sunday morning with a smile, distribute name tags, check in visitors and direct new families to their classrooms.
_____ 9:00 service _____ 10:30 service

ZONE 56

_____ Teach Sunday School
_____ Weekly _____ Job Share
_____ Small Group Leader for Monday night meetings (This is a weekly commitment.)

NURSERY

_____ 9:00 service _____ 10:30 service

LEGAL/LIFESTYLE CONCERNS

In caring for students we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe and loving relationships. Any special concerns can be discussed individually with the pastoral staff.

Are you using illegal drugs? _____ Yes _____ No

Have you ever gone through treatment for alcohol or drug use? _____ Yes _____ No

If yes, please describe:

Do you have any habits that would impact your commitment or involvement in children’s ministry?

What is your view on drinking alcohol or using drugs?

Have you ever been arrested and/or convicted of a crime? _____ Yes _____ No

If yes, please describe:

Have you had any sexual relations with any minor after you became an adult?_____ Yes _____ No

Have you ever been accused of or convicted of any form of child abuse? _____ Yes _____ No

If yes, please describe:

Please list the names and contact information of two references (no family relations).

1. _____
Name Address Phone number

2. _____
Name Address Phone number

RELEASE

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Spring Lake Church or its representatives to release any and all records or information relating to working with minors. The church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children’s ministry worker.

I understand that the personal information will be held confidential by the professional church staff.

Signature _____ DOB (mo/day/yr) _____

Social Security Number _____