Student Application
Volunteer Opportunities in Children's Ministry

Name:_____ Age:_____

Phone:_____

Email: _____

School/Grade: _____ College/Year: _____

What age child are you most inclined to teach? (circle all that apply)

- Infant - One's
- 2's - 4's
- K - 1st grade
- 2nd - 3rd grade
- 4th - 5th grade
- Special Need Children

How have you worked with kids in the past? _____

_____

_____

_____

_____

What time are you interested in working with kids?

___ 9:00 SS ___ 10:30 SS ___ Wednesday p.m. (High School only)

Youth Minister Signature: _____

Children's Minister Signature: _____

Office Use Only:

___ Place Evaluation ___ Placement: _____

___ Interview with Children's Minister