



Date \_\_\_\_\_

## Children's Ministry Volunteer Application

### Applicant Information

Name		
Street Address		
PO Box?		
City, State, Zip		
Phone:	Home:	Cell:
E-Mail Address		
Preferred Method of Contact		
Do you have kids? Please list their names and ages:		
Occupation		

### Volunteer Interests

What position are you applying for? (Sunday School teacher, AWANA leader, VBS leader, Lyrical Children's Choir, Other):

What led you to apply for this ministry position?

How much time are you able to invest in this ministry? Weekly? Twice a Month? Only occasionally?

What age group are you interested serving in?

\_\_\_\_ Nursery    \_\_\_\_ Toddler & Preschool?    \_\_\_\_ Kindergarten – 2<sup>nd</sup> Grade    \_\_\_\_ 3<sup>rd</sup> – 5<sup>th</sup> Grades

When are you available to serve? (If Sunday morning, please specify during the 9:00 service, the 10:30 service, or either)

## Christian Commitment and Church Background

As a children's ministry, our number one goal is to minister to kids in the name of Jesus. We want to love them and teach them to love and follow Jesus. Thus, an active faith is essential to participate in this ministry.

Are you a Christian? \_\_\_\_\_ How did you become one? What is your faith story?

How would you describe your relationship with Jesus Christ?

Do you attend First Baptist Church? \_\_\_\_\_ If so, for how long? \_\_\_\_\_  
What service do you attend? \_\_\_\_\_

Do you attend another church? \_\_\_\_\_ If so, where? \_\_\_\_\_  
For how long? \_\_\_\_\_

What activities/ministries are you currently involved in / with for your own spiritual growth? (youth group, Bible studies, small groups?)

If you had an opportunity to change something in the church, what might you offer?

What do you believe is the greatest need of people in our community?

## Life Story: Getting to Know You

Can you tell us your life story? What is your background? (Ideas: your family of origin, your school experience, your interests, your activities, your marriage, kids, family)

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## Gifts & Abilities

Why are you interested with working with kids at FBC? What are gifts and abilities you bring to this ministry?

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## Challenges / Weaknesses

What would make this ministry difficult for you?

Do you have any medical or mobility issues, hearing or vision loss, a history of drugs or alcohol, or other things that might present a challenge?

What is your favorite drink? \_\_\_\_\_

Favorite food? \_\_\_\_\_

How do you order your coffee? \_\_\_\_\_

Favorite snack? \_\_\_\_\_ Favorite place for lunch? \_\_\_\_\_

Favorite food? \_\_\_\_\_ Favorite movie? \_\_\_\_\_

Favorite book? \_\_\_\_\_ Favorite activity? \_\_\_\_\_

### Previous Children's Ministry Volunteer Experience

Please summarize your previous volunteer experience.

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**Personal References** – Please provide contact information for three personal references, not related to you in any way. If possible, please list one reference who is a member of FBC Shelton.

First and Last Name	Years Known	Phone Number	Email Address

### Agreement and Signature

By signing this application, I affirm that the facts set forth in it are true to the best of my knowledge, and that I will abide by the commitments I've made to the best of my ability.

Name (printed)	
Signature	
Date	

### Commitment to this ministry:

Are you able to commit to faithfully serving in Children's Ministry, and communicating with the Director when you are not able to be there?

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Thank you for completing this application form and for your desire to serve Jesus by serving with Children's Ministry Team at First Baptist Church.

Anne-Marie Nakhla  
Children's Minister  
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Txt: 360-490-7252