

Faith Baptist Church Ministry Volunteer Application

This application is to be completed by all those desiring a ministry position involving the supervision of custody of minors. It is strictly used to help the church provide a safe and secure environment for the children who participate in the programs at Faith Baptist Church.

Please circle the Ministry or Ministries of Your Choice

Preschool	Children (K-5)	Middle School (6th-8th)	High School
AWANA Cubbies (3-5yr olds)	AWANA Sparks (K5-2nd Gr.)	AWANA T&T (3rd-5th Gr.)	VBS

Legal Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Male Female Birth Date: ____/____/____ Home Phone: _____

Cell/Pager: _____ Work Phone: _____ Best time to call: _____

Email: _____ Marital Status: _____

Spouse's Name: _____ Number of Children: _____ Ages: _____

Children's Names/Grades: _____

Emergency Contact: _____ Phone Number: _____

Occupation & (Spouse's if Applicable): _____

Place of Employment: _____ Number of Years: _____

List all counties (including state) that you have resided in the past: _____

Do you have a personal relationship with Jesus Christ? _____ briefly describe: _____

How long have you been a member of Faith Baptist Church? _____

List the name, city & state of organizations where you have volunteered in the past: _____

List any leadership/volunteer experience you have with children: _____

List any training/education that has prepared you to work with children: _____

List any other Faith Baptist Church Ministries you have been/are involved in: _____

References

Personal Reference (not related)

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Relationship to you: _____

How long have you known him/her? (Explain): _____

Family Reference

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Relationship to you: _____

How long have you known him/her? (Explain): _____

Professional Reference

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Relationship to you: _____

How long have you known him/her? (Explain): _____

Official Use Only:

_____ Approved

Date Approved/Disapproved: _____

_____ Disapproved

Authorizing Signature: _____

