



CHILDREN'S MINISTRIES VOLUNTEER APPLICATION

Please Print or Type

Name: _____ Birthday: _____ Email _____

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

Home Ph: () _____ Work Ph: () _____ Best time to call: _____

Occupation: _____ Spouse's name: _____

Children's Name/Ages: _____

Have you completed the membership class and process for Wooddale Church? Yes No

Please briefly describe how you accepted Jesus Christ as your Savior: _____

List any skills or interests: _____

In what Wooddale activities/ministries are you presently involved? _____

Please provide two references from previous ministries in which you have served in the last five years:

Name of Church	phone #	Ministry	Dates Served

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Have you ever been accused or convicted of physical or sexual abuse with children? Yes No
(If yes, please explain on back)

Have you ever been accused or convicted of any criminal activity? Yes No
(If yes, please explain on back)

Why do you want to serve in the Children's Ministries? _____

What experience and/or training have you had in working with children? Include First Aid and CPR Certification.

The information contained in this application is correct to the best of my knowledge. I give permission to Wooddale Church to check references regarding my role in Children's Ministries.

Signature: _____ Date: _____

VOLUNTEER AREAS:

EPR CAMPUS: NURSERY 3s-PRE K K-2 3-6 OTHER _____

EDA CAMPUS: NURSERY 3s-PRE K K-1 2-3 4-6 OTHER _____