

ADDITIONAL HELPFUL INFORMATION (OPTIONAL)

The following information will help us find a fulfilling area of ministry for you. It is intended only for those wishing to serve in a continuing capacity. The purpose may be accomplished through an interview process in lieu of this form.

NAME: _____

Have you worked with children before? Yes No

If yes, please give a brief description of when and where you worked with children and for what length of time:

What age group do you prefer working with? _____

Are you an active member or frequent attendee of a church: Yes No

Church Affiliation _____

Do you believe in the Lord Jesus Christ and trust in Him for your salvation? Yes No

Give a brief description of your Christian experience:

Name of previous home and pastor if applicable (may be used as a reference):

How long did you attend there? _____

List gifts, callings, training, education, First-Aid Certificate/Training or other factors, which have prepared you for youth/ children work:

What is your intended length of commitment to this ministry? _____

Ministry Profile

In answering the following, please don't be too humble as the purpose of this section is for you to declare your strengths so that your giftings will be put to the best use possible.

Mark the areas in which you desire to: - **oversee** (put an "O" in the box),
- **assist** (put an "A" in the box), - **receive training** (put a "T" in the box)

- | | |
|---|--|
| <input type="checkbox"/> Nursery AM__ PM__ | <input type="checkbox"/> Transportation for special events |
| <input type="checkbox"/> Evening Child Care (to 36 mos.) | <input type="checkbox"/> Mission Presentations |
| <input type="checkbox"/> Morning Child Care | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Children's home (pre-school) | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> After school Activities [Teens] | <input type="checkbox"/> Awana |
| <input type="checkbox"/> After School Activities (elementary) | <input type="checkbox"/> Administration/Office |
| <input type="checkbox"/> Children's Tutoring | <input type="checkbox"/> Promotions/Contests/ Fund Raising |
| <input type="checkbox"/> Literacy Program | <input type="checkbox"/> Special Counseling |
| <input type="checkbox"/> Youth Midweek | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Meetings/Activities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vacation Bible School | |
| <input type="checkbox"/> Kid's Choir | |
| <input type="checkbox"/> Prayer | |
| <input type="checkbox"/> Drama/ Puppets | |
| <input type="checkbox"/> Recruitment | |

Do not hesitate to mark more than one area with the same letter. You can show your preference by placing a number with the letter by your preference.

TO BE REPLACED WITH A REVISED LIST