



SOUTH ROCK CHRISTIAN CHURCH  
CHILDREN'S MINISTRY  
VOLUNTEER INFORMATION FORM

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone (optional): \_\_\_\_\_ Work Phone (optional): \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you on Facebook? Yes No Are you on Twitter? Yes No

When is the best time to contact you? \_\_\_\_\_ How? (Please Circle: Phone E-mail Text Other: \_\_\_\_\_)

Marital Status:  Single  Married  Divorced  Widowed Spouse's Name: \_\_\_\_\_

Children's Names and Birth Dates: \_\_\_\_\_

Does your health limit your ability to care for children? Please explain: \_\_\_\_\_

Are you CPR and/or First Aid Certified or do you have any medical training? \_\_\_\_\_

Have you been convicted of a crime?  Yes  No If yes, tell when and what the charges were:

Each volunteer at South Rock Christian Church is subject to a background check.

Would you agree to a Background Check?  Yes  No

Have you completed the Background Investigation Consent Form?  Yes  No  Unsure

How long have you attended Derby First Christian Church/South Rock Christian Church? \_\_\_\_\_

Are you a member?  Yes  No

What other involvement do you have with South Rock Christian Church? (i.e.: small group, other ministry team)

**VOLUNTEER INFORMATION- CONTINUED**

Have you been baptized? \_\_\_ Yes \_\_\_ No When/At what age? \_\_\_\_\_

Please describe what having a personal relationship with Jesus Christ means to you:

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**PLACEMENT INFORMATION:**

Circle All Ages/Areas/Availability of Possible Interest:

- Nursery      Preschool      Elementary      Classroom Setting      Kid’s Church
- Welcome Table      Check Out Volunteer      Saturday Service
- Wednesday Evening Program      Weekday Bible Study Childcare      Event Childcare (As Needed)

Other: \_\_\_\_\_

Do you have a specific age/grade level preference? \_\_\_\_\_

Please check all that apply. Time Preference to Volunteer:

- \_\_\_ Saturday 5:30 PM    \_\_\_ Sunday 9:00 AM    \_\_\_ Sunday 10:30 AM    \_\_\_ No Preference

What do you think you will like best about serving in Children’s Ministry? Why?

What do you think might be a challenge for you? Why?

What other comments about you would be helpful to share in consideration for a volunteer position?

**REFERENCE CONTACT INFORMATION**

Please include information of three individuals (no more than 1 can be a family relationship) who can be contacted to provide a personal/professional reference:

Name	Phone	Email	Address
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# South Rock Christian Church

## Derby, KS

### BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ (applicant's complete name), hereby authorize \_\_\_\_\_ (organization) and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with \_\_\_\_\_ (organization).

I release \_\_\_\_\_ (organization) and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Full legal name (printed)

\_\_\_\_\_  
Maiden name or previous names used

\_\_\_\_\_  
If married- date married

\_\_\_\_\_  
Present street address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Former street address

\_\_\_\_\_  
How long?

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social Security #  
\*\*\*\*\*(Required)\*\*\*\*

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date