



Riverside City Kid's Volunteer Application

Full Name: _____ DOB: _____

Address: _____

Zip code: _____ E-mail: _____

Phone numbers: (Home) _____ (Cell) _____ (Work) _____

Spouse's name (if applicable): _____

Children's names and ages (if applicable): _____

Please list the class/age you are most interested in working with: (Infants, 2's and 3's, 4's and 5's,

1st - 3rd grade) 1. _____ 2. _____ 3. _____

I am interested in serving as a (circle one): Captain / support teacher.

Previous volunteer or professional experience with children: _____

In a few words, please explain your heart in desiring to work with the children's ministry:

Please briefly describe any concerns and/or suggestions you have for this ministry:

Please describe any limitations you may have for volunteering: _____

The following questions are part of a process to help provide a safe and secure environment for our children. We do conduct background checks as part of our Safety Policy. If you have any concerns or questions, please discuss these with a member of the Children’s Ministry Committee.

All information is confidential .

Social Security Number (will be kept secure): _____ - _____ - _____

Have you ever been accused or convicted of the use of sale of illegal drugs? Y / N

Have you ever used illegal drugs? Y / N

Have you ever struggled with alcohol or substance abuse? Y / N

Have you ever been charged with a misdemeanor or felony? Y / N

Are you engaged in any conduct that is contrary to the teachings of the Bible? Y / N

Do you have any health issues that could place the children of Riverside Community Church at risk? (If yes, explain below.) Y / N

Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decrees or settlements? Y / N

If you answered “yes” to any of the above questions, please explain briefly. We at Riverside Community Church understand the life changing power of Jesus Christ and are eager to hear how He has helped you: _____

Are you a regular attendee of RCC? Y / N

If so, when did you begin attending (month/year)? _____

Are you a member of a small group? Y / N

If yes, which one? _____

If not, explain: _____

Printed Name

Signature

Date

“...from childhood you have known the sacred writings which are able to give you the wisdom that leads to salvation through faith which is in Christ Jesus.” 2 Timothy 3:15