

# Impact Christian Fellowship Adult Volunteer Application (Nursery & Preschool, Children, and Youth)

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Married:  Yes  No If yes, Spouse's Name: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

Strengths, Talents, Hobbies, Interests: \_\_\_\_\_

Do you consider yourself  a Christian  a seeker/uncertain Baptized?  Yes  No

When did you start attending Impact? \_\_\_\_\_ Have you completed Discovery Group?  Yes  No

Places you have served/are serving at Impact? \_\_\_\_\_

If you attended church before coming to Impact, please list the church information:

Church Name City State Phone Date Attended

Volunteer work done at that church: \_\_\_\_\_

## PERSONAL REFERENCES

Please list two references who can attest to your character and/or skills with children. (Exclude relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical conditions we should be aware of?  No  Yes; if yes, please explain

**NURSERY & PRESCHOOL (Birth-5 yrs.)**

Saturday night  
 Sunday morning

**Once a month rotation:**

Hostess  
 Playscape  
 Infants  
 Toddlers & 2's  
 3 Year Old Teacher Assistant  
 4-5 Year Old Assistant

**Trimester Commitment:**

3 Year Old Teacher  
 4-5 Year Old Teacher

We will also need care providers during Impact Groups and special Events.

I can help on:  Weekdays  
 Weeknights

**CHILDREN'S MINISTRY (1<sup>ST</sup>-5<sup>th</sup> grade)**

Saturday night  
 Sunday morning

**I will serve:**

Every weekend  
 Once a month  
 Twice a month  
 Helper  
 Small Group Leader  
 Bible Story Teacher  
 Puppeteer  
 Worship Leader  
 Drama  
 Game & Activity Leader  
 Other \_\_\_\_\_

We will also need care providers during Impact Groups and special Events.

I can help on:  Weekdays  
 Weeknights

**YOUTH MINISTRY (6<sup>th</sup>-12<sup>th</sup> grade)**

Wednesday Night (Junior High)  
 Sunday Night (High School)

**I will serve:**

Every week  
 Once a month  
 Twice a month  
 Junior High Helper  
 Junior High Small Group Mentor  
Girls Boys (please circle)  
 Junior High Teacher  
Girls Boys (please circle)  
 High School Helper  
 High School Small Group Mentor  
Girls Boys (please circle)  
 High School Teacher  
Girls Boys (please circle)  
 Other \_\_\_\_\_

**APPLICANT'S COVENANT AND CERTIFICATION**

- I will attend the orientation and training sessions required to serve in the place(s) I have indicated on this application.
- I certify the information in this application is true and complete to the best of my knowledge.
- I authorize the release of any information requested by Impact Christian Fellowship in connection with this application.
- I release any person, organization or company from liability or damage which may result from furnishing the information requested.
- I understand that Impact Christian Fellowship desires to provide a safe and secure environment for their children and youth, and that they will use this information to determine my ability to serve in these areas of ministry.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

References Date: \_\_\_\_\_ Background Check Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_