

Candlelight Children's Ministry Volunteer Application

All information will be kept confidential by Candlelight Staff

Instructions:

1. Please read our Statement of Faith before returning this application. Copies are available at the Information Desk or online at www.candlelightfellowship.org
2. Candlelight staff will contact you upon approval of the application.

Today's Date: _____

Last Name: _____

First Name: _____

Spouse's Last Name: _____

Spouse's First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Cell #: _____

Email: _____

Occupation: _____

Employed by: _____

Personal References:

1. Name: _____

Phone: _____

Relationship: _____

2. Name: _____

Phone: _____

Relationship: _____

3. Name: _____

Phone: _____

Relationship: _____

Please answer questions below:

Do you attend Candlelight regularly?: Yes No If yes, for how long: _____

Please confirm you have read the Statement of Faith below:

Yes, I have read the Statement of Faith Initials: _____

Are you a member of Candlelight?: Yes No

Please describe your relationship with Jesus Christ: _____

In what area of Children's Ministry are you interested? (AWANA, Sunday School Teacher, Nursery Help, etc.)

With what age group do you prefer to volunteer? _____

Is there an area of Children's Ministry you do not wish to help? _____

On Sunday, which service would you prefer to help/teach? _____

Are you certified in CPR?: Yes No

Important Information: Background Check

If you are accepted as a Children’s Ministry Volunteer, a background check will be required. It is our desire to make the Children’s Department at Candlelight as safe and secure as possible. Upon acceptance of this form, please fill-out an online form through our Candlelight website, or pick up an application at the church information desk.

Statement of Commitment:

Participation as a Children’s Department Volunteer, includes, but is not limited to a lifestyle befitting a Christian, a willingness to regularly attend and support the gatherings of the fellowship, and the desire to maintain accountability with the church in life and conduct. Understanding that it is the Lord who ultimately changes us, we assume that by signing this application, it is your desire to allow the Lord to continue to shape and mold you in His time.

The information contained in this application is correct to the best of my knowledge. I authorize Candlelight Christian Fellowship to contact any references given in this application.

Signature: _____

Date: _____

-----Official Use Only-----

Received By: _____

Date Received: _____

Approved By: _____

Date Approved: _____