

**CHILDREN'S MINISTRY at Cathedral of Faith**  
**Application for Volunteers**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Pager: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

If the need were to arise, could you be reached at work? \_\_\_ Yes \_\_\_ No

Anniversary: \_\_\_\_\_

Names & Birth dates of Children:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

How long have you been a member of Cathedral of Faith? \_\_\_\_\_

What other ministries and classes are you involved with now? \_\_\_\_\_

What ministries and classes were you in previously \_\_\_\_\_

Share briefly how you came to know Jesus Christ as your personal savior:

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How do you know that you are a Christian? \_\_\_\_\_

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Explain briefly how you would share the plan of salvation with someone: \_\_\_\_\_

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What do you see to be your greatest asset to be used with children? \_\_\_\_\_

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References: Give the names of three people (not related to you) that you have known for at least one year.

Name	Address	Business	Years Acquainted

Have you been convicted of a felony or misdemeanor? Yes\_\_\_ No\_\_\_  
 If yes, give details: \_\_\_\_\_

I give permission for police records to be checked in order to safeguard the children of the church: \_\_\_\_\_  
 (signature)

Hobbies: \_\_\_\_\_

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

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

For Office use only:  
 Reference Check:

Contact Name	Results

Position: \_\_\_\_\_ Starting date: \_\_\_\_\_