

CrossRoads Christian Church

NURSERY MINISTRY VOLUNTEER INFORMATION FORM

Personal and Confidential

This application is to be completed by all Nursery Volunteers who will be in a position involving supervision or custody of children in the Nursery at CrossRoads Christian Church. This application will be used to help our church provide a safe and secure environment for our children. Background checks will be run on all applicants, based on the information provided. All information will be held in strictest confidence.

Thank you for your willingness to serve.

Date _____ Male or Female _____ Date of Birth _____

Applicant's name: _____
Last First Middle

Current address: _____

City: _____ State: _____ Zip: _____

Home telephone number: _____ Cell: _____

Previous address: (if not at current address for 5 years) _____

E-Mail: _____

Have you ever been convicted of, or pled guilty to a crime against a child? (child defined as under age of 17 yrs.)

Yes _____ No _____ If yes, please explain incident on a separate paper and attach to application.

Do you have a valid Driver's License? Yes _____ No _____ If yes, please complete the following and attach a photocopy to this application.

Driver's License Number

State

Expiration Date

Please list the names and addresses of churches you have held volunteer positions

Do you have any special training working with children? _____

I prefer to provide care for ___Nursery Infants ___Nursery 1-2 Year Old ___Nursery 2-3 Year Old

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I release CrossRoads Christian Church and its representatives from any liabilities resulting from verification of information obtained within this application and give my permission to allow background checked including and not limited to criminal history.

Applicant's signature: _____ Date: _____

Please return signed application to the Administrator or Director of Nursery