

Children's Ministries Worker's Application

(Under 18 Years Old)

This application is to be completed by all Children's Ministry volunteers. It is one part of our effort to provide a safe and secure environment for the children who attend our ministries and programs. All information will be kept confidential, stored in a secured location, and used only by the leadership of Renaissance Church. Thank you for your time and interest in working with children!

Which area would you like to serve?

<input type="checkbox"/> Nursery	<input type="checkbox"/> RenKidz jr. (3s & 4s)	<input type="checkbox"/> RenKidz (K-5 th grade)
<input type="checkbox"/> Youth	<input type="checkbox"/> Special Event (VBS, etc)	

Today's Date: _____

Name: _____ Birth Date: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

School Name: _____ What grade are you in? _____

Driver's License (if applicable): _____ State: _____ Class: _____ Expiration Date: _____

Parent/Guardian's Names (First): _____ & _____ (Last): _____

Parent/Guardian's Emergency Phone: _____

We appreciate your excitement in wanting to serve as a children's ministries worker, assisting an adult volunteer in our Children's Ministry Department. By signing below you are agreeing that your child has your permission to serve.

Parent/Guardian's Signature: _____ Date: _____

Note any concerns or limits that you may have for your child: _____

Renaissance History and Church Activity

Do you attend Renaissance? Yes No If so, do you attend regularly? Yes No How long? _____

Children's Ministries Gifts and Experience

Special Gifts or Talents (story telling, music, puppets, drama): _____

When are you available to work? _____

Personal Information & References

List two references who can testify on your personal character and dependability

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Relationship: _____ Years Acquainted: _____

Signature: _____ Date: _____

Please return this form to
Renaissance Church, ATTN: Lisa Keeler, 200 Cirby Way, Roseville, CA 95678