TRANSFORMATION STATION
CHILDREN'S MINISTRY OF CHRIST COMMUNITY CHURCH

VOLUNTEER APPLICATION

Name:_____ Phone: (Home) _____ (Cell) _____

Address: _____ Date of Birth: ___/___/_____

E-mail Address:_____

Marital Status: _____ Spouse's Name (if applicable): _____

Children's Names / Ages: _____

When did you ask Jesus to be your Lord and Savior? _____

How long have you attended Christ Community Church? _____

Are you a member? _____ (membership is not required to volunteer)

Are you a part of:

    A small, community or relevant group? _____ Leaders: _____

    Women's or Men's Ministry?

    Any other CCC Ministry Teams? _____ Which? _____

Do you currently:

    Use tobacco: _____ Drink alcoholic beverages: _____ Receive professional counseling: _____

Have you ever been arrested? _____ Been hospitalized or treated for mental illness or substance abuse? _____

Have you ever been asked to leave a ministry/ service position for any reason? _____

Please explain: _____

_____

Please list one leader at Christ Community Church who knows you well, whom we may contact for a character reference: (could be a pastor, elder, small group leader, or church staff).

Name: _____ How long have you known him/her? _____

Which age group do you feel most called to minister to: (if you wish, list 1st, 2nd, 3rd choices)

    _____ Nursery age (6 weeks - 2years)   _____ Preschool age (3 years – Pre K)

    _____ Elementary Age (K – Fifth Grade)

Applicant Signature: _____ Date: _____

Email Address: _____ Phone #: _____