

Covenant Church of Easton

Loving God, Growing Together, Serving Others

Children's Ministry Volunteer Application for Minors (under 18)

Contact Information

Name			
Street Address			
City ST ZIP Code			
Home Phone		Cell Phone	
Email Address		Date of Birth	
Parent(s) Full Name		Parent Cell Phone	
Parent Email			

Do you have a personal relationship with Jesus Christ? Y / N Please describe:

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How would you like to become involved in Children's Ministry? List any areas of interest or talents:

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Do you have any health issues or other personal concerns we should know about? Please describe:

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Please provide one (1) personal reference (over 18, non-relative):

Name	
Street Address	
City ST ZIP Code	
Telephone	
Email Address	

Personnel Commitment

The information and statements contained in this application form are correct to the best of my knowledge. I authorize the Covenant Church of Easton and its agents to contact any reference or churches listed in this application and hereby release all such references from any liability for furnishing information regarding my fitness for Children's Ministry, provided they do so in good faith and without malice. I also agree to waive the right to inspect references on my behalf. Should I become involved with the Children's Ministry, I agree to abide by the guidelines and policies set forth by the Covenant Church of Easton. In addition, I will take the responsibility of working with children seriously and will refrain from any unscriptural conduct.

The Covenant Church of Easton commits to supporting you in your ministry with children through affirming supervision and ongoing training as together we serve Jesus Christ and share His love with our children.

Applicant's Signature _____

Date: _____

For Parent/Guardian

I, the undersigned, hereby give permission for _____, to participate as a volunteer in Children's Ministry at the Covenant Church of Easton. I agree to hold harmless the Covenant Church of Easton or its agents for any and all claims for injuries, illness, cause of action, the rendering of emergency care, or liability related to participation in this event. I also give permission for transportation to activities included in this event. I also give my permission for my child's photo to be used in church media and promotions.

In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the church staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, as named in this permission form.

Authorized Personnel Signature _____

Date: _____

Print Name: _____

This application and any written references received will be considered confidential.