



Name of Applicant: \_\_\_\_\_

Dear Applicant,

We appreciate your desire to work in the children’s ministry at Koinos. Servants who are gifted by God to build the lives of children are greatly treasured. Thank you for taking time to complete this application.

The Discipleship Strategy at Koinos is **Connect > Grow> Serve.**

Our children’s ministries seek to do this in two ways:

(1) by teaching children to love God with all their heart and (2) by allowing parents to worship God with full confidence that the little ones are in good hands.

This means we want to provide the best possible environment for the young ones. The following application will help us insure that is accomplished.

**Please use the following checklist as you complete the application.**

Preferred area of service:

- |                                                   |                                                                  |
|---------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> nursery                  | <input type="checkbox"/> junior high and high school students    |
| <input type="checkbox"/> preschool                | <input type="checkbox"/> special events (Summer Kids Club, etc.) |
| <input type="checkbox"/> KidzZone (K-6th graders) | <input type="checkbox"/> I will serve anywhere needed.           |
| <input type="checkbox"/> Security                 | <input type="checkbox"/> Missions                                |

Check each if completed:

- I have signed the Koinos Membership Covenant.
- I have provided my email address. I understand I will be receiving the request via email. (minors are exempt from this requirement)
- Three personal references provided (co-workers, former church, or friends).
  - > Please give a reference from a former church if you were active in one.
  - > Please do not use Koinos members or family members as references.
- Please be sure to sign the application at the end.

Thank you again for your willingness to serve in this way!

To be completed by Koinos Ministry Staff

[ ] - Reducing the Risk class completed on \_\_\_\_\_ (date).

Person certifying has verified all the necessary elements of this application have been completed.

Signature of person certifying: \_\_\_\_\_ Date : \_\_\_\_\_

# Koinos Christian Fellowship

## VOLUNTEER Application for Nursery/Preschool/Children/Youth Workers

### Confidential

This application is to be completed by all volunteers for positions involving the supervision or custody of minors. It will help church leaders provide a safe environment for all participating in all our programs.

### Personal

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes  No  If yes, please provide a detailed explanation on a separate sheet and return with this application. **Failure to provide this information will eliminate the applicant from consideration for service.**

Have you been convicted of any crimes in the last five years? Yes  No  If so please describe on a separate sheet. **Failure to provide this information will eliminate the applicant from consideration.**

Are you a Koinos member? Yes  No  Are you active in a LIFE group? (which one) \_\_\_\_\_

### Church Activity

List other churches you have attended regularly during the past five years. \_\_\_\_\_

Please give a brief testimony of how/when, etc., you accepted Jesus Christ as Savior. \_\_\_\_\_

Please list any factors which have prepared you for childcare work including gifts, training, education, experience, etc. \_\_\_\_\_

List your spiritual gifts, if you know what they are. \_\_\_\_\_

If you are currently serving in other areas of ministry at Koinos, please list them. \_\_\_\_\_

### References (No relatives please)

Name	Name	Name
_____	_____	_____
Address _____	Address _____	Address _____
Telephone # _____	Telephone # _____	Telephone # _____

The above information is correct. I authorize the use of the above references and organizations for the due screening of my application to serve as a children's ministry volunteer.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_