



# 2010 VBS SONSHINE VOLUNTEER REGISTRATION

Volunteers must:

- \* Have a personal commitment to Christ as Lord and Savior.
- \* Have a willingness to share God's love and faith with the children.
- \* Be a model for the children in all actions and reactions.
- \* Participate and be enthusiastic in supporting the classes and policies.
- \* Have an ability to relate to children.
- \* Must be available to serve entire week

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ years \_\_\_\_\_ months

If less than a year, what was your previous address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_ (For Children's Ministries use only)

Marital Status \_\_\_\_ Spouse's Name \_\_\_\_\_ # of children \_\_\_\_ Ages of children \_\_\_\_\_

Please list children attending VBS:

SONSHINE (NAME AND AGE)	COVENANT (NAME AND AGE)	CAMP 56 (NAME AND AGE)	NURSERY (NAME AND AGE)

Do you wish to be in your child's class?    Yes    No    No Preference

**The mandatory Training Workshop will be on:    Sunday (7/11/10) – 1:30 – Room #181**

I am a current RHCC Children's Ministries volunteer and had a background check

Please complete if you are not currently a RHCC Children's Ministries volunteer.

List three references (maximum of one family reference and two other):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Do you attend RHCC? \_\_\_\_\_ If not, what church do you attend? \_\_\_\_\_

(Please complete other side)

Briefly describe when and how you came to know the Lord? \_\_\_\_\_

Briefly describe your current walk with Him? \_\_\_\_\_

Are you willing to submit to the authority and direction of the Directors of Children's Ministries? \_\_\_\_\_

List the Bible study or small group you attend: \_\_\_\_\_

List significant previous church work involving children/youth:

<u>Role</u>	<u>Church</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____

List any skills, talents, hobbies or training that have prepared you to work with children:

Do you have any medical training or certification, such as CPR?

**To protect our children and our church, we must ask the following sensitive questions:**

1. Have you had any painful experiences in your life that may hinder you from a productive ministry with children? \_\_\_\_\_
2. Do you use illegal drugs? \_\_\_\_\_
3. Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_
4. Have you ever been arrested for a criminal offense, excluding minor traffic violations? \_\_\_\_\_
5. Have you ever been accused, arrested or convicted for any sexually related crimes? \_\_\_\_\_
6. Have you ever been accused, arrested or convicted for any abuse related crimes? \_\_\_\_\_
7. Are there any circumstances involving your life-style or your background that would call into question your ability to work with children, such as co-habitation as an unmarried couple? \_\_\_\_\_

Please note: A "yes" answer to any of the above questions does not by itself preclude you from being a children's worker. We do request, however, that you make an appointment with the Director of Children's Ministries to discuss any "yes" answer.

**I understand this commitment requires working the entire week (Monday-Friday) and the entire time of camp for the safety and the spiritual welfare of the children attending Day Camp.**

Signature \_\_\_\_\_ Date:

The information and answers given on this form, to the best of my knowledge, are true and reflect my desire to work in the children's program at Rolling Hills Covenant Church.

**This information will be kept confidential**