



Caregiver Volunteer Application Form

Name _____ Today's Date _____

Address _____ Home Phone _____

Cell Phone _____ Age _____ Birthdate _____ Marital Status _____

Are you CPR certified or do you have any medical training? _____

Does your health limit your ability to lift children? _____

Describe your experience with children (paid or volunteer) _____

How long have you attended First Covenant Church? _____ (if less than 1 year, list previous church, address, & phone)

In what programs in our church do you participate on a regular basis? _____

Why do you want to work in the nursery? _____

What do you enjoy about being with babies and toddlers? _____

Statement of Faith _____

Have you ever been arrested, convicted or pleaded guilty to a crime? Yes No If yes, explain _____

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglect, abuse, or molestation of a child? Yes No If yes, explain in detail, providing date and place of incident.

Have you ever been treated for a psychiatric disorder? Yes No If yes, explain _____

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of First Covenant Church? Yes No If yes, explain _____

Applicant's Signature _____