



Junior Worker Application Form

First Baptist Church Children's Ministry

All information gathered will be protected under the privacy provision of the *Freedom of Information and Protection of Privacy Act (FOIPP)*

Family Information	Family Last Name: _____ First: _____
	Address: _____
	City: _____ Postal Code: _____
	Home Ph: _____ Other Phone: _____
	Email: _____ Gender: _____
	Mother's First Name: _____ Last _____
	Father's First Name: _____ Last _____

Spiritual History	How long have you attended First Baptist Church, Olds? _____
	Do you regularly attend (2 or more services a month)? Yes <input type="checkbox"/> No <input type="checkbox"/>
	In a brief paragraph, please outline your spiritual journey: _____

Church History	Churches I attended in the last five years are as follows:
	1. Name of church: _____ Phone number: _____
	Address: _____
	Dates Attended: _____ Member or Adherent _____
	2. Name of church: _____ Phone number: _____
	Address: _____
	Dates Attended: _____ Member or Adherent _____
	3. Name of church: _____ Phone number: _____
	Address: _____
	Dates Attended: _____ Member or Adherent _____

Area of ministry you are interested in: _____
 Would you be interested in any training opportunities that may come available for this position? Yes No
 If you have received training already please specify: _____

Would you be interested in discovering your spiritual gifts? Yes No
 If you already know your spiritual gifts please list what they are: _____

Check all of the ministry positions listed below in which you have previous experience; and circle those that interest you (no experience necessary).

Teaching

- Preschool
- Grade 1 – 3
- Grade 4 – 6
- Youth
- Adult

Helping

- Baby-sitting
- Nursery
- Preschooler/Kindergarten
- Children Gr. 1-6
- Youth Worker

Other

- Music – instrumental
- Music – vocal
- Storytelling
- Crafts
- Games

Other Experience (specify) _____

Please list the name(s) of the church(s)/organization(s) where you gained the experience: _____

Is there anything else you would like to tell us about yourself? (hobbies & interests etc)

As we try to assist you in ministry, is there any physical condition that might hinder you from performing certain types of activities, that you would like us to be aware of? If so, please explain: _____

I have read and understand the information about my child. I am in full agreement of allowing my child to be involved in First Baptist Church Children's Ministry.

 Parent/Guardian Name (Print)

 Signature

 Date

Interviewed By: _____ Date: _____

Coordinator: _____ Pastor: _____

Code of Conduct: ____ Statement of Faith: ____ Course: _____