

FIRST FAMILY CHURCH
 7700 W. 143rd St., Overland Park, KS, 66223
 SOAR Confidential Volunteer Application Form

Office Use Only
Ministry: _____
Orientation: _____
Background: _____
Fellowship: _____

This application is to be completed by all applicants for any position involving the supervision or custody of others. This form is used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Full First Name _____ Middle _____ Last _____ (Maiden, if applicable) _____ Date _____

Address _____ Street _____ City _____ State _____ Zip _____ County _____

Previous Address (if moved in the last five years) _____

E-mail address _____ @ _____ Date of Birth _____

(_____) _____ (_____) _____ - ____ - ____
 Home Phone _____ Cell Phone _____ Social Security Number _____

Please indicate the type of SOAR ministry you prefer: *(Please circle one)*

Date you are available to begin _____

- *SOAR Special Needs Ministry Adult Class*
- *SOAR Kidz*
- *SOAR Little Saints/Big Town*

Hour(s) Preference: Sun 8:00am Sun 9:00am Sun 10:45am Sun 6:00pm Wed 6:00pm

I am interested in working with (please check all that apply)

_____ Adults _____ Infants _____ Toddlers _____ Preschool _____ Elementary Grades

My Area(s) of Interest is: (please check all that apply)

_____ Sub. Teacher _____ Teacher's Helper _____ Check In

I am interested in helping at church during the: *(please circle availability, and check all that apply)* Week _____ Special Events

_____ Data Entry _____ Phone Calls _____ Creating Flyers/Admin _____ Decorating Special Events
 _____ Fall Festival _____ Dinner at Bethlehem _____ Easter _____ VBS _____ Service Projects/Outreach

Trade/Job Skills: _____

Special Interests: _____

CHURCH HISTORY AND PRIOR CHILDREN'S WORK/VOLUNTEERING

Are you a member of FFC? If not, to what church do you belong? _____

What bible study do you attend at FFC 8am 9am 10:45am
(Please list the Bible Study Name and hour of attendance)

When did you make your profession of faith?
 (Cont.) _____

When were you baptized? _____

Briefly summarize your testimony: _____

Please list the names and location of any other church you have regularly attended in the past five years.

Please list all previous church work involving children and/or youth.

Church Name/Address	Type of work performed	Dates
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Please list all previous non-church work involving children and/or youth.

Church Name/Address	Type of work performed	Dates
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Please list any gifts, callings, training, education or other factors that have prepared you to work with children or youth.

Please list an emergency contact.	Name	Address	Phone Number	Relationship
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Signature

Date