

## Adult Volunteer Form for Children's Ministry

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

What areas would you be most willing to serve? (Number your top three choices)

\_\_\_\_ Worship Team

\_\_\_\_ Activities

\_\_\_\_ Snack

\_\_\_\_ Bible Lesson

\_\_\_\_ Craft

\_\_\_\_ Misc.

\_\_\_\_ Babies

\_\_\_\_ Toddlers

\_\_\_\_ 2's and young 3's

Please select your first and second 3-month period choice. (Use a 1 and 2)

\_\_\_\_ March- May

\_\_\_\_ June - Aug.

\_\_\_\_ Sept.- Nov.

\_\_\_\_ Dec.- Feb.

Do you have any special skills or hobbies that would be useful to the program?