



# Cornerstone Keiki Children's Ministry Volunteer Application Form

**PLEASE PRINT CLEARLY**

## General Personal Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## Employment

Trade or profession: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ May you receive phone calls at work? \_\_\_\_\_  
 Computer/ Internet Skills: \_\_\_\_\_  
 Do you have medical training or are you CPR certified? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

## Family Background

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

(For additional children, please use another sheet of paper.)

## Spiritual Growth and Development

How long have you attended Cornerstone Fellowship Mililani Mauka? \_\_\_\_\_ How often? \_\_\_\_\_  
 Write a detailed account of how you entered into a relationship with God through His Son Jesus Christ: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you regularly do to grow in your relationship with Jesus Christ? \_\_\_\_\_  
 \_\_\_\_\_

What small group do you attend? \_\_\_\_\_ How long have you attended? \_\_\_\_\_  
 What ministries within the church have you been involved with, currently and/or in the past? \_\_\_\_\_  
 \_\_\_\_\_

## Abilities and Interests

What are things that you do with skill and excellence? \_\_\_\_\_  
 Please list the spiritual gifts you believe you have: \_\_\_\_\_  
 In what area of Children's Ministry do you desire to serve (refer to Children's Ministry Opportunities)? \_\_\_\_\_  
 \_\_\_\_\_

## Personal Information and References

Please answer the following questions and be assured that a "yes" answer will not necessarily disqualify you from being a Children's Ministry servant. If you answer "yes" to any of the following questions, please give details and explanations on a separate sheet of paper.

- |   |                    |
|---|--------------------|
| Have you ever been denied the opportunity to work with children at any other church, institution, or any other setting? | Yes _____ No _____ |
| Have you ever been under discipline at any church or ministry?  | Yes _____ No _____ |
| Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child?     | Yes _____ No _____ |
| Have you ever been convicted of a criminal offense, including the illegal use or sale of drugs?                         | Yes _____ No _____ |
| Have you ever been hospitalized for alcohol or substance abuse?   | Yes _____ No _____ |
| Has your driver's license ever been suspended or revoked?   | Yes _____ No _____ |

List two (non-family) references who can testify your personal character and dependability. If you have prior experience in ministry or with children, please list those references that supervised you or worked with you.

Name: _____	Phone: _____
Address: _____	City, State, Zip: _____
Relationship: _____	Years acquainted: _____

Name: _____	Phone: _____
Address: _____	City, State, Zip: _____
Relationship: _____	Years acquainted: _____

## Commitment and Authorization

Please read the Cornerstone Fellowship Statement of Beliefs and Core Values at [www.cornerstonemililani.org](http://www.cornerstonemililani.org). Do you agree with it without reservation? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Please read the Children's Ministry Volunteer Orientation Manual. Are there any Children's Ministry policies or procedures with which you disagree? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you a member of Cornerstone Fellowship? Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. I authorize Cornerstone Fellowship Mililani Mauka to verify all data given in my application and my oral interview from the personal references listed in this application.**

**I have carefully read and understand the above statements. I have read the Children's Ministry Volunteer Orientation Manual and agree to comply with the stated requirements and expectations to the best of my ability.**

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

**Please return this application to:**  
**Cornerstone Fellowship Mililani Mauka**  
**95-1080 Ukuwai St.**  
**Mililani, Hawaii 96789**  
**808-626-7719**

### FOR INTERNAL USE ONLY

Interview Date: _____	Interviewer: _____	Position: _____
Trainer: _____	Follow-up Date: _____	Comments: _____