



# Children's Ministry Volunteer Sign-Up

Full Printed Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Optional) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle): Male Female

I would like to volunteer to assist in/with: \_\_\_\_\_

I am available on these days: Sun Mon Tue Wed Thu Fri Sat  
during these times: \_\_\_\_\_

The best way/time to contact me is: \_\_\_\_\_

Things I enjoy doing: \_\_\_\_\_

I am most comfortable with: Preschool (3-5 year olds) Kindergarten 1<sup>st</sup>-2<sup>nd</sup> Grade  
3<sup>rd</sup>-4<sup>th</sup> Grade 5<sup>th</sup>-6<sup>th</sup> Grade

Describe your experience(s) with children: \_\_\_\_\_

How long have you attended CLC? \_\_\_\_\_ Are you a member of CLC? Yes No

If you have attended CLC less than a year, please list previous church name, address and phone number: \_\_\_\_\_

Are you CPR certified or do you have any medical training? \_\_\_\_\_

Do you have any health limitations? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

## References

1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for partnering with us in ministry! Please complete the consent form on back & return to:  
Jan Thomas, Director of Children's Education  
Community Lutheran Church  
3720 E. Tropicana Avenue  
Las Vegas, Nevada 89121-7337