

Application for Minors to work with Children

Name: _____ Gender: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

1. So we know what skills and talents you have to offer, please circle the ones you would like to share:

Story Telling	Group Singing	Discussing your Christian Faith
Story Reading	Nursery	Cooking
Office	Music	

Pease list any others that we might have missed:

2. Which age group would you prefer to work with the most? ___ No Preference

___ Nursery ___ Elementary ___ Jr. High ___ Sr. High

3. If you have any certifications or training, please indicate the date of the issue and expiration.

C.P.R. _____ Issued ___/___/___ Expires ___/___/___

First Aid _____ Issued ___/___/___ Expires ___/___/___

List any other certifications: _____

AUTHORIZATION BY PARENT/GUARDIAN:

Due to the growing national concern for the care and safety of children, all applicants under 18 must have parent's permission to work with children in a supervisory capacity. The undersigned represents that he/she is the custodial parent/legal guardian of the above identified applicant. As legal guardian of the applicant named, _____, I do hereby give permission and consent for the applicant to volunteer to work with the children of the First United Methodist Church of Tipton under the supervision of an individual over the age of 18. In signing this permission form I verify that there have been no instances of child abuse, molestation, neglect or violent acts by this applicant towards other children.

Signature or LEGAL Parent/Guardian OR Adult _____ Date: ___/___/___

Signature of 2nd LEGAL Parent/Guardian _____ Date: ___/___/___

Signature of Applicant _____ Date: ___/___/___

