

LEWISVILLE UNITED METHODIST CHURCH
Adult Volunteer Application for Children & Family Ministry

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____

Birthdate: _____ Gender: _____ Marital Status: _____

Address: _____ City & State _____ Zip code _____

Best phone number to call: _____ Best number to text: _____

E-mail Address: _____

Preferred method of being contacted? Phone call _____ Text _____ E-mail _____ Does not matter _____

How long have you been actively attending Lewisville United Methodist Church? _____

AVAILABILITY (Check all that apply.)

- ☐ I am available Sunday mornings. ☐ I am available Sunday evenings.
☐ I am available for future summer camps. ☐ I am available weekday evenings.
☐ I can complete tasks during the week, such as preparing crafts, making copies, etc.

Program(s) for which you are interested in applying for: _____

EXPERIENCE WITH CHILDREN

Describe any experience you have had working with children. Include both paid and volunteer positions.

GETTING TO KNOW YOU

We all have spiritual gifts. What do you see as yours?

Thank you for applying! We will be in touch soon and look forward to meeting with you.