

Kingdom Kids Parent Volunteer

We at Kingdom Life Church are concerned about the safety of our children and our workers. To assist in protecting both, we screen all of our workers who are working with minors.

To be completed by all applicants for any position (volunteer or compensated) who are directly involved in the supervision of minors while on our campus.

CHECK ALL APPLICABLE		
 Nursery (Infancy – 2 years old) Preschool (3–5 years old) 	 Elementary 1 (1st – 2nd grade) Elementary 2 (4th – 5th grade) 	 Teens (6th grade – 12th grade) Sunday Ministries (VBS)

GENERAL INFORMATION		
FULL NAME: (First, Middle, Last)		
Any other names that you have had	d legally:	
, ,	<i>c</i> ,	
ADDRESS:		
ADDRESS:		
CITY:	STATE:	ZIP
PHONE:		
THONE.		
Marital Information:		
🗆 Single 🗆 Married 🗆 Divorced 🗆 Remarried 🗆 Other		
IF married – Date of Marriage:/ Full name of Spouse		
T-shirt size: \Box XS \Box S \Box M \Box L	🗆 XL 🗆 2XL 🗆 Other	_ (please note T-shirts are unisex)



EMERGENCY CONTACT			
FULL NAME: (First, Middle, Last)			
Relationship to applicant?			
ADDRESS:			
	Γ		
CITY:	STATE:	ZIP	
DAY PHONE:			
DAT PHONE.			
EVENING PHONE:			
EMAIL:			

QUESTIONNAIRE		
How long have you been attending Kingdom Life Church?	monthsyears	
Are you a member of Kingdom Life Church?	🗆 YES 🗌 NO	
If no, are you a member of another church, please indicate where		
Do you have children, grandchildren or a relative attending a Kingdor	m Kids class?	
If yes, do you prefer to serve in the classroom with your child? \Box	No preference 🛛 YES 🗌 NO	
How may we contact you? (check all that apply)		
🗆 Phone 🗌 Text 🗌 Email 🗌 US Mail 🗌 In-pe	erson 🗌 Other	
-		
What is your preferred position? (check all that apply)		
□ Full-Time □ Part-Time □ Monthly □ Quarterly □ Yearly S	pecial Occasions	

PERSONAL WALK	
Give date and place when you accepted Christ	



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Have you been baptized in water? YES NO
Date:
Location:
Evaluate your present spiritual relationship with the Lord. Describe the pattern of your personal devotional time.
QUESTIONNAIRE
What ministries, both at KLC and elsewhere, have you been involved in and to what extent?

What experience have you had working with children?

The following information will be kept confidential by Kingdom Life Church Office and will be used for a background check to identify previous criminal convictions.

FULL NAME:		
ALIAS:		
SEX:	DATE OF BIRTH:	RACE:
DRIVER'S LICENSE NUMBER:		

1. Have you ever been charged, convicted or plead guilty to a crime other than a minor traffic offense?



- 2. Have you ever been convicted of any criminal sexual crime, child molestation, exploitation or abuse?
- 3. Have you had any medical condition which might endanger minor children due to Its contagious nature?
- 4. Are you aware of any traits or tendencies in yourself that could pose any threat to children or others?
- 5. Do you currently or have you in the last five years: \Box used tobacco products \Box used illegal drugs

By signing this form, I give approval for Kingdom Life Church to run any current and future background checks. the above information is accurate to the best of my knowledge.

Signature

Date

Please return completed forms in enclosed envelope to:

Kingdom Life Church Attn: Office Administrator 4303 S. Martin Luther King Jr. Blvd. Lansing, MI 48910