



Group Assistant Sign-Up/Interview

Name: _____ Church member since: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Address: _____

Birth date: _____ Gender: _____

Do you attend Christian Education class? _____ Yes _____ No

Do you serve/have you served in any of the following ministries? (Please check)

___ Youth Ministry ___ Choir ___ Usher Ministry Other: _____

When did you serve in these ministries?

Are you willing to serve as a volunteer in this ministry for at least 6 months?

Yes _____ No _____

Worship service you prefer to attend: _____ 7:30 _____ 11:00

Children's Church service you would like to serve in: ___ 1st Sunday ___ 4th Sunday

Permission for information to be entered into the church database (please sign):

Printed name _____ Parent Signature _____

Interviewer: _____ Date _____

Core Team Only

Reviewed by: _____ Follow-up: phone _____ email _____ letter _____ in person _____

Approved for Chosen Children's Ministry: Yes _____ No _____

If no please explain: _____

Recommended to other ministry: Yes _____ No _____