

VBS SUMMER MISSIONARY APPLICATION

Contact Information

Name _____ Phone _____

E-mail _____ Cell Phone _____

Address _____ City/State/Zip _____

Parents' Names _____
(if under age 25)

Experience

Briefly share your experience in working with children: _____

Age group with which you prefer to work (please circle) -

Preschoolers

Younger Children (Grades 1-3)

Older Children (Grades 4-6)

Any

Activities you would feel most comfortable leading (please circle) -

Bible Study

Crafts

Music

Missions

Recreation

Any

Start date and end date of your availability:

From: _____ To: _____

Except for: _____

I would be willing to submit to a background check before working with the children.

Signature

Date