

Children's Ministries Volunteer Information

All information is held strictly confidential by the Escalon Presbyterian Church
Session and Staff

Name _____ Date _____

Address _____

Home Phone # _____ Cell # _____

Email Address _____

Your Occupation _____

Place of Employment _____

Emergency Contact _____ Phone # _____

Are you CPR Certified? Yes _____ No _____ Date exp. _____

Medical Training? Yes _____ No _____ What Type? _____

What is your marital status? Single _____ Married _____ Single Parent _____

If Married, Spouse's Name _____

Name and ages of your children _____

If you are a student, what are your parent's names _____

What school do you attend? _____ Grade _____

Are you a member or regular attendee of Escalon Presbyterian Church? _____

What are you doing to grow in your faith at this time? (small group, Bible study)

Have you ever attended any type of training courses focused on Child Care and or
Children's Ministry education?

Would you be willing to attend training courses offered by EPC? _____