

Children's Ministries Volunteer Form

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? _____