

Adults Childcare Application Form

Hosanna Lutheran Church

General Information

Full Name: _____

Address: _____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____

E-mail (Helpful for us to communicate with you): _____

Social Security (Needed for background check): _____

Male: _____ Female: _____ Marital Status: _____ Birth date: _____

of Children & Ages: _____ Name of spouse: _____

Is your spouse involved at a ministry at our church? Yes _____ No _____

If yes, in what role and what department? _____

Present Employer: _____

May we call your work? _____ Phone: _____

Christian Experience:

Are you a member of our church? Yes _____ No (If no, which church do you attend?) _____

How long have you attended our church? _____

Which worship service do you attend? Wed. _____ Sat. _____

Sunday 8:00 _____ Sunday 9:30 _____ Sunday 11:00 _____

Statement of Faith:

Hosanna Lutheran Church confesses that we believe in one eternal God who is:

- The Creator of heaven and earth;
- The Redeemer who is Jesus; God's only Son, who died to pay the price for our sins and was raised on the third day;
- The Sanctifier who is the Holy Spirit who offers us forgiveness of sins and assurance of life everlasting in Jesus

Your confession is important to us as you live out your faith here at Hosanna.

Children's Ministry Experience:

List any gifts, education, training or other factors that have prepared you to work with children:

Why would you like to be involved in our childcare ministry?

How many years of experience do you have with children?

Are you trained in CPR? If no, are you willing to become trained?

Have you ever been in charge of multiple children at one time?

What days/times are you generally available to work?

Anything else you'd like me to know?

I verify that the above information is accurate and truthful to the best of my knowledge.

Signed: _____ **Date:** _____