

SV Kids Team Member Form



First Name:

Last Name:

Address:

City:

State:

Zip:

Email:

Phone:

Date of Birth:

Occupation:

Best way to contact you:

Getting to know you:

(select all that apply)

- Married
- Single
- Kids
- No Kids

Are there any health conditions that would affect how you serve with the children? If so please describe:

Are you CPR or First Aid certified?

Have you ever been convicted of a crime? If so, please explain.

Each volunteer aged 18+ who will directly be working with our children will be background checked.

Have you had a background check done with Southview before?

How long have you been attending Southview Church?

When did you receive salvation?

Have you been baptized?

Select which areas of Southview Kids your gifts would be best served:

(Select all that apply)

- Nursery (6 weeks - 2)
- 2 year olds
- 3 year olds
- 4 year olds - Kindergarten
- 1st - 4th
- Glow Preteens (5th - 6th)
- Decoration Team
- Worship Team
- Check-in Team
- Cleaning Team (during the week)
- Event Childcare

Is there a service time you prefer serving at?

9:00 am

11:00 am

Tell us about any past experience you have working with children:

Why do you want to serve with Southview Kids?

What do you think might be a challenge for you? Why?

What other comments about you would be helpful to share in becoming a part of the Southview Kids Team?
