



Seventh-day Adventist Church
Caribbean Union Conference
Children and Adolescents Ministries
Volunteer Application Form



Surname: First Name: Other Names:

Address:

Tel: Cell: Email:

Sex: Male Female

National ID Number: D.O.B.: dd/mm/yyyy

Religion: SDA Yes No

Church Membership:

Previous Church if applicable:

Marital Status: Single Married

Name of spouse if married:

Name/names and ages of children if applicable:

	Name	Age
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		

Occupation:

Name of Employer:

Have you worked with children before? Yes No If yes, how long?

Previous Ministry experience (program, position, age level etc.)

Previous Ministry	Position	Age Level of Children

In what area would you like to serve? Desired age level of children.

Ministry	Position	Age Level of Children

Have you ever been accused of or convicted of any form of child abuse? Yes No

I _____ hereby certify that the information given on this form is true.

Signature/Date