

KIDS CHURCH QUESTIONNAIRE

Please fill out the following form and return it to your Kids Church Director



PERSONAL INFORMATION

Name:

Cell Phone Number:

Email Address:

SPIRITUAL HISTORY

How long have you attended this church?

Have you trusted Jesus for your salvation? If so, describe how you became a Christian.

Have you taken Foundations? If so, with whom?

EXPERIENCE (not required)

Have you worked with kids before? If so, when and where?

INTERESTS

In what class are you interested in serving?

- | | |
|---|--|
| <input type="checkbox"/> Infant/Toddler | <input type="checkbox"/> 6th-7th grade |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Substitute |
| <input type="checkbox"/> K-1st grade | <input type="checkbox"/> Supply prep (help prepare and organize lessons ahead of time) |
| <input type="checkbox"/> 2nd-3rd grade | <input type="checkbox"/> Wherever needed |
| <input type="checkbox"/> 4th-5th grade | |

At what service would you prefer to serve?

What are you excited about?

What are you nervous about?