

**CROSSLINK COMMUNITY CHURCH CHILDREN'S MINISTRY  
NURSERY, PRESCHOOL, CHILDREN MINISTRY  
STUDENT HELPER VOLUNTEER APPLICATION  
(11 to 18 years of age)**

(Please PRINT and fill out with Parent/Guardian)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip Code)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
(include area codes)

EMAIL: \_\_\_\_\_ Do you attend regularly CrossLink? \_\_\_\_\_

**PARENTS OR GUARDIAN INFORMATION: (to be filled out with an adult)**

**DOES YOUR PARENT/GUARDIAN ATTEND CROSSLINK?**

If not, with whom do you attend? \_\_\_\_\_

Do you live with both parents? \_\_\_\_\_ If NOT, whom do you live with? \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address:** (if different from yours) \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip Code)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
(include area codes)

EMAIL: \_\_\_\_\_ CrossLink MEMBER? \_\_\_\_\_ How long? \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** (if different from yours) \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip Code)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
(include area codes)

EMAIL: \_\_\_\_\_ CrossLink MEMBER? \_\_\_\_\_ How long? \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_

**Address:** (if different from yours) \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip Code)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
(include area codes)

EMAIL: \_\_\_\_\_ CrossLink MEMBER? \_\_\_\_\_ How long? \_\_\_\_\_

**PERSONAL INFORMATION:**

**WHERE WOULD YOU LIKE TO SERVE IN THIS MINISTRY?** (CAN CIRCLE MORE THAN ONE)

**NURSERY:    BABIES    TODDLERS    PRESCHOOL**

**OLDER CHILDREN:    GRADES: 1-2    3-4    4-5**

Why would you like to serve in our nursery/children's ministry?

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Have you been born again? If so, please share: \_\_\_\_\_

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Have you been baptized? \_\_\_\_\_ Date or Age of Baptism: \_\_\_\_\_

Please list your SIBLINGS names and ages:

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**STUDENT HELPER AND PARENTS:**

We will provide an **ORIENTATION CLASS** as well as periodic training sessions. At orientation we will go over the Ministry policies and job responsibilities that have been written and approved by CrossLink leadership. Each student helper will receive a Ministry Manual with training and for reviews. Periodic evaluations will also be done. Ongoing evaluations and training sessions will be for continued education and training in this ministry to assure ministry excellence.

Are you willing to commit to attending our ministry orientation and ongoing training sessions?

YES       NO

If not, please explain:

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**STUDENT COMMITMENT**

I, \_\_\_\_\_ agree to uphold the Ministry guidelines,  
(PRINT STUDENT'S NAME)  
policies and procedures which will be taught me upon orientation and in my training classes.

**STUDENT SIGNATURE:** \_\_\_\_\_

**PARENTAL AUTHORIZATION**

**I, THE PARENT/GUARDIAN, HAVE READ AND FILLED OUT THE APPLICATION WITH MY CHILD AND GIVE THEM PERMISSION TO BE A PART OF CROSSLINK'S NURSERY/CHILDRENS MINISTRY. I WILL MAKE EVERY EFFORT TO SEE THAT MY CHILD UPHOLDS THE MINISTRY'S GUIDLINES, POLICIES, AND PROCEDURES, AS WELL AS ATTEND ORIENTATION AND ONGONIG TRAINING SESSIONS.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT SIGNATURE:** \_\_\_\_\_