

KidZone Team Player Application

Thank you for your willingness to serve in KidZone. This application will be used to help us provide a safe and secure environment for the children who participate in KidZone activities.

General Information

Full Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____
Male _____ Female _____ Birth Date: _____ Marital Status _____
Number of Children _____ Spouse's Name (if married) _____
Anniversary Date (if married): _____ Maiden Name: _____
** Social Security Number: _____ (** Needed for 18 yrs. & older)
Are you a Student? _____ Where? _____

KidZone Opportunities (Please check area(s) of interest)

KidTown

____ Nursery (Birth – 18mos.)
____ Toddlers (18mos. – 2yr olds)
____ Preschool (3yr olds)
____ Preschool (4yr olds)
____ Floater

Creative Arts

____ Drama
____ Music
____ Tech Team
____ Set Design Team
____ Art

the Zone

____ Young 5's - Kindergarten
____ First – Second Grade
____ Third – Fifth Grade
____ Floater

Supporting Roles

____ KZ Café
____ Welcome Zone (check in)
____ Set-up
____ Clean-up

At which campus would you like to serve? _____ Lowell _____ Saranac

At which service do you prefer to serve?

____ Saturday 6:00 _____ Sunday 9:30 _____ Sunday 11:15
____ Sunday 10:00 (Saranac only)

How frequently would you be available to serve?

____ Weekly _____ Biweekly/twice a month _____ Monthly

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Personal References

List three persons that you've known for at least one year, who would have knowledge of your character and ability to work with children. Please do not list relatives.

Name _____
Complete Address _____
Relationship _____ How long has this person known you _____
Phone _____

Name _____
Complete Address _____
Relationship _____ How long have they known you _____
Phone _____

Name _____
Complete Address _____
Relationship _____ How long have they known you _____
Phone _____

Applicant Statement:

The information contained in this application is correct to the best of my knowledge. I give KidZone permission to complete a background check on me. I authorize any references listed in this application to give you any information they may have regarding my character and fitness for service in KidZone. I release all rights that I may have to inspect the references provided on my behalf.

Applicant's Signature: _____ Date: _____
Witness: _____ Date: _____

For Office Use Only:

____ Approved for ministry
____ Not approved for ministry

Date: _____
Comments: _____