

EARLY CHILDHOOD MINISTRY APPLICATION-
AGE 17 AND UNDER
NEW HOPE COMMUNITY CHURCH

Name _____ Phone #s _____
Address _____
City _____ Zip _____ Birthdate* _____

Reasons you'd like to serve in the Early Childhood Ministry:

Childcare experiences:

Babysitting course certified: (not necessary, yet appreciated)

Certified by _____ Date certified _____

Ministry preferences:

infant ones twos threes fours fives

9:00 service (8:40 arrival) 10:45 service (9:25 arrival)

I'd like to teach I'd like to be trained to teach

I have independent transportation

*if you are 18 or older please fill out instead a Primary Screening Form
for a background check.

Parent's permission signature: _____

Reviewed by New Hope staff member _____ date _____

