



**SUPER KIDS**  
**2014 ASSEMBLY FOR CHILDREN**  
**July 31 – August 2, 2014**

**VOLUNTEER APPLICATION**

Volunteers are needed to help with the Assembly for Children. Below are the dates, times and volunteers needed for each session. If you will be attending the Assembly, and are interested in helping with the Assembly for Children, complete the information below. Please mark the area(s) and times in which you are interested, complete the contact information and return this page to the address below. Please have your Pastor complete the Pastoral Reference Form attached. All forms must be returned by June 15, 2014.

**Wednesday, July 30 - Saturday, August 2: 9:00 am – 6:30 pm**

Assistants in the Children's Ministry Sales and Resource Area

Wednesday:  9:00am – 12:00noon     12:00 noon – 3:00pm     3:00pm – 6:00pm

Thursday:  9:00am – 12:00noon     12:00 noon – 3:00pm     3:00pm – 6:00pm

Friday:  9:00am – 12:00noon     12:00 noon – 3:00pm     3:00pm – 6:00pm

Saturday:  9:00am – 12:00noon     12:00 noon – 3:00pm     3:00pm – 6:00pm

**Thursday, July 31 – Saturday, August 2: 9:00 am – 12 noon**

Monitors for Preschool and Elementary Ministries

Thursday Morning     Friday Morning     Saturday Morning

**Thursday, July 31 – Saturday, August 2: 6:30 pm – 9:30 pm**

Altar Ministers and Monitors for our evening worship celebration

Thursday Evening     Friday Evening     Saturday Evening

**Saturday, August 2: 10:00 pm**

"Hands-on" laborers needed for take down of Assembly for Children props and décor

Saturday, 10:00pm

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**CONTACT INFORMATION (please type or print):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

How were you parented as a child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?  No  Yes

If yes, please explain fully: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been exposed to an incident of child abuse or neglect?  No  Yes

If yes, how did you feel about the incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree that all the information provided in this application is true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Children's Ministry  
PO Box 2910  
Cleveland, TN 37320

Fax: (423) 559-5332  
Email: [cgpkids@cogop.org](mailto:cgpkids@cogop.org)  
Web: [children.cogop.org](http://children.cogop.org)