THAT'S MY KING

2025 KIDS STATE CONVENTION

JULY 24-26, 2025

CROWNED

UP FRONT KIDS

NCCOGOP CHILDRENS MINISTRY

ADULT VOLUNTEER APPLICATION

Thank you for volunteering! Below are the dates, times and areas needed for each session. Please check the area(s) and time slots in which you are interested. Email the completed forms to shebaricks@icloud.com by **July 11, 2025**.

Thursday & Friday, July 24 & 25 _____ 6:00—9:15pm

☐**Altar Minister** ☐**Monitor** ☐**PS/K Assistant**

Friday & Saturday, July 25 & 26 _____ 8:30am— 12:30pm

☐**Group Leader** ☐**Snack Coordinator** ☐**Monitor** ☐**PS/K Assistant**

Saturday, July 26 _____ 8:30 – 12:30pm

Saturday Morning Practice and Activities

Name: _____

Address: _____

City: _____ State _____Zip: _____

Daytime phone: _____ Cell phone: _____

E-mail address: _____

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

_____

_____

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?

_____

_____

T-Shirt Size: _____

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

Signature of Applicant: _____ Date: _____