

NURSERY VOLUNTEER FORM

Infant through 5 year Olds

Volunteer's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail Address: _____ (If you want to be contacted thru e-mail)

Check your age bracket: 13 to 15 16 to 18 19 to 40 41 to 60 61 and up

Check age of child you prefer to work with:

Infant to Toddler 2 to 3 Year olds 4 to 5 year olds

Check the time slot you would prefer to volunteer:

Sunday Morning 8:00am 9:30am 11:00am

Check the position you would like to serve

Assistant Care Giver Teacher (ages 2-3) Teacher (ages 4-5) Substitute Teacher

Please check the frequency you would be able to volunteer in the nursery:

Weekly

Once a Month

Mother's Day

Palm Sunday

Easter Sunday

Each 5th Sunday of the month

Other dates or arrangements. Please specify _____

Christmas Eve

If you are volunteering through a specific church group, please indicate your group.

Deacons

Elders

Sunday School Class (name class) _____

Small group (name group) _____

Other (list) _____

**After receiving your response, we will assign dates that comply with your choices listed above.
Thank you for your help and support.**

For security reasons, please fill out the information below:

Member of New Hope since: _____

Three (3) names of people within New Hope Family who know you:

_____, _____, _____

I agree to a background screening: Yes No

(No screening required for volunteers under 18 years old.)