



ADULT VOLUNTEER

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Single Married Kids *(check all that apply)*

Spouse's Name: _____

Kid(s) Name(s): _____

How long have you attended Riverview Christian Fellowship? _____

Please provide the following information about the church you last attended prior to Riverview.

Church Name: _____

Church Location: _____

Church Phone Number: _____

Name of Pastor: _____

Please provide two personal references

Reference 1

Name: _____

Address: _____

Phone: _____

Reference 2

Name: _____

Address: _____

Phone: _____

Describe your spiritual gifts or talents that you could apply to Riverview Kids

What other areas of ministry have you been involved with here at Riverview Christian Fellowship or elsewhere?

Why do you want to become involved in the Riverview Kids Ministry at Riverview Christian Fellowship?

Have you been born again? Yes No What year were you born again? _____

Check which of these groups might be of interest to you to serve in:

Nursery Toddlers Pre-School K-2nd Grade 3rd-5th Grade

Check how often you would like to serve:

1x per month 2x per month other

if other, please explain: _____

Once you have completed your application, please give to Amy Myers, drop off at the church office, or mail to:

Riverview Christian Fellowship
64253 Solari Ln
Coos Bay, OR 97420

If you have any questions at all, feel free to contact Riverview Kids Coordinator Amy Myers

amy@riverviewcf.church
541-269-0907 x104





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RIVERVIEW
KIDS



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