

GETTING TO KNOW
YOU!!



DOXA KIDS

Date: _____

Name: _____

Occupation: _____

Contact Phone: (_____) _____ - _____

Email: _____

I enjoy working with children: *(indicate 1st and 2nd preference)*

___ Birth to 23 months ___ Ages 2 to 3's ___ 4 to K's ___ Grades 1-6

I prefer: *(indicate 1st and 2nd preference)*

- ___ Teaching in front of many people
- ___ Working closely with a small group of children
- ___ Greeting people and helping them feel welcomed
- ___ Working with Technology
- ___ Leading Worship
- ___ Administrative support/preparing materials for Sunday

I would like to serve at: *(indicate 1st and 2nd preference)*

___ 9:00 am ___ 11:00 am

Please complete and bring to Children's Check-in or email djames@doxachurch.net

Office Use Only:

Received By: _____ Date Application Sent: _____

Assigned to: _____