

Name _____
First MI Last

▶ Please Submit Completed Forms to Department Ministry Leader



YOUTH VOLUNTEER

MINISTRY APPLICATION

Name _____ Date _____

Last First

Address _____

Street City State Zip

Email address: _____ Home Phone _____ Best Time To Call _____

Date of Birth _____ Grade _____

Do you have any medical training or are you CPR certified? Yes No Describe _____

Do you have a personal relationship with Jesus Christ Yes No Describe Briefly _____

Holy Spirit baptism? Yes No How long have you attended First A/G? _____

Please check the services you attend regularly: Sunday 8:00am Sunday 10:00/10:30am Wednesday 6:30

PERSONAL REFERENCES NON RELATIVE (No First A/G Pastoral Staff please): (Such as a guidance counselor or teacher, employer, neighbor, or small group leader)

1. Name: _____

Address _____

Street City State Zip

Phone : _____ Relationship _____

2. Name: _____

Address _____

Street City State Zip

Phone : _____ Relationship _____

3. Name: _____

Address _____

Street City State Zip

Phone : _____ Relationship _____

What prompted you to consider volunteering? _____

Have you viewed the Child Protection Video? (for workers in Children's Ministries) No Yes (Date _____)

Ministry Preference: Nursery & Toddler Kids Church Royal Rangers Missionettes
(check all that apply) Special Event (VBS) Junior High Senior High Homeschool
 Usher Greeter Other Christian Education

Applicants Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

(For office use only)

APPLICANT CHECKLIST

Applicant's Name _____

Dept. Leader Approval Date: _____ By _____

Child Protection Video Date _____

Reference Names _____

Position(s) discussed: _____ Comments _____

Pastor approval with applicant: Date _____ By _____

Entered into Computer Record _____

Email to Staff _____