



Youth Ministry Volunteer Application

Please complete the following so that we can find the suitable means for you to share your gifts with our ministry. Please include a copy of your driver's license & auto insurance card. Thank you for offering your time and talent as a volunteer!

First, Middle, Last Name: _____

Social Security #: _____ Birthdate: _____

Street Address: _____ Age: _____

City, State, Zip: _____

Phone: _____ Driver's License #: _____

Email Address: _____

Occupation: _____ Employer: _____

Marital Status: _____ Spouse's Name: _____

Children & Ages: _____

Currently active in these ministries: _____

Previous experience related to youth ministry: _____

Hobbies, Interests, Special Skills: _____

References: (Non-family members who are knowledgeable of your work/service)	
Name	Telephone

Signature of Applicant: _____ Date: _____

Approval of YM Director: _____ Date: _____

FOR YM OFFICE USE ONLY

Protecting God's Children Course Completed Date: _____

Acknowledgement, Ethical Conduct Standards Date: _____

Background Screening Completed Date: _____
(Repeat every 5 years) Date: _____
Date: _____

Fingerprinting Completed Date: _____
(Repeat every 5 years) Date: _____
Date: _____

Driver's Check Completed Date: _____
Copy of Driver's License Date: _____
Copy of Auto Ins Card Date: _____

Photo Release Form Date: _____
(Renew every year) Date: _____
Date: _____
Date: _____
Date: _____