

YOUTH MINISTRY VOLUNTEER APPLICATION*This form is to be completed by all persons who work in any youth or educational ministry in our church.***Personal Information**

Name <i>(PLEASE PRINT)</i>		
Street Address	Apt. #	Valid Driver's License # if providing transportation for events.
City, State	Zip Code	DL# State Are you 25 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Work Phone	E-mail <i>(PLEASE PRINT)</i>

Special Gifts

Special Skills & Training
Special Interests & Hobbies

Experience

What experiences in the church or community have you had in working with children?
What factors (experiences, gifts, training, etc) have contributed to your interest in working with our children?
What are your greatest concerns and apprehensions as you contemplate this ministry?

Unity Background

How long have you been attending our ministry?	Are you a member? <input type="checkbox"/> No <input type="checkbox"/> Yes...How long?_____
What Unity classes have you taken?	What age children/youth do you prefer to work with? <input type="checkbox"/> Nursery <input type="checkbox"/> Preschool <input type="checkbox"/> K – 2 nd <input type="checkbox"/> 3 rd – 5 th <input type="checkbox"/> Uniteen <input type="checkbox"/> Y.O.U.
	What role do you prefer? <input type="checkbox"/> Y.O.U./Youth Classroom Assistant <input type="checkbox"/> Y.O.U. Teacher Sponsor <input type="checkbox"/> Chaplaincy

Personal References

Two people we may contact: Name: Street Address: City, State, Zip: Phone: E-Mail:	Name: Street Address: City, State, Zip: Phone: E-Mail:
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Child Safety & Protection

Will you submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

Applicant's Statement

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize this ministry to conduct an inquiry into my background to include personal and public record information. I specifically release criminal information repositories, courts, schools and institutions from any liability so that they may freely and completely respond to any inquiry relating to this application. I understand that any falsifications or omissions may result in my application being rejected or may result in my termination from volunteer service. I agree to be bound by the policies of this ministry and to refrain from inappropriate behaviors in the performance of my duties.

Signature _____ Date _____