



TEEN VOLUNTEER APPLICATION

CONFIDENTIAL

Thank you so much for expressing interest in serving at Connect Church. This application is to be completed by all applicants (volunteer or compensated) who are involved in the supervision or custody of minors, the elderly, or individuals with disabilities. The purpose of this form is to help the church provide a safe and secure environment for the individuals who participate in our programs and use our facilities. To maintain our commitment to excellence, we set high standards in the areas of safety and security. Thank you for helping us preserve a safe environment as we comply with federal regulations.

Information contained within this application will remain confidential and will be disclosed only to those individuals needing to know in order to carry out their responsibilities for Connect Church, or disclosed as required by law. We thank you for understanding and look forward to ministering together.

Date of Application: _____

Name: _____ Gender: M F
First Middle Last

Date of Birth: ____/____/____ Current Grade: _____

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

E-mail Address: _____

Cell Phone: _____ Home Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

I live with my: (please circle) Mother Father Other: _____

Which of these options best describes you? (Check all that apply.)

- I regularly attend Sunday services at Connect Church.
- I regularly attend the youth Wednesday night meeting at Connect Church.

My small group leader's name is: _____

- I regularly attend services at another church. Name of church: _____
- I have not yet found a church or I don't attend church regularly.

What is your understanding of why God would welcome you into heaven when you die?

Have you been baptized by full immersion: Yes No Not sure

What do you do on a regular basis to grow your Christian faith?

What types of volunteer ministry are you involved in now or have done in the past?

Describe the areas God has gifted you in and skills you are willing to use:

INTERESTS

I would be interested in serving with the following ages/areas:

Nursery Preschool Elementary Children

I would be interested in discussing the following ways to serve:

Classroom Assistant AWANA First Impressions/Greeter Singing/Leading Worship

Tech Team Paid Childcare (during special events) Special Needs Buddy VBS

MOPS Childcare (homeschool students only)

Other: _____

I would be interested in serving at the following times:

Sundays (first service) Sundays (second service) Sundays (afternoons/evenings for special events)

Wednesdays evenings Other: _____

REFERENCES

Please list three people who have known you for at least one year and who would be able to attest to your character and to your ability to work with the age groups you have indicated above. Please include a current church leader and do not include relatives.

Name: _____ Length of time known: _____(mo/yr)

Email Address: _____

Cell Phone: () _____

Name: _____ Length of time known: _____(mo/yr)

Email Address: _____

Cell Phone: () _____

Name: _____ Length of time known: _____(mo/yr)

Email Address: _____

Cell Phone: () _____

The following information is personal. Please know it will remain confidential and will be considered in light of the life-changing, healing power of God's grace. If you answer yes, please explain on the bottom of this page. All explanations will be read and prayed over, and may merit follow-up with a staff pastor.

Have you ever been suspended from school? Yes No

Have you ever been convicted of or pleaded guilty to a crime? Yes No

Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children?
Yes No

AUTHENTICITY AND AUTHORIZATION

Please read each paragraph and initial. Then sign your name at the bottom.

_____ The information contained in this application is correct to the best of my knowledge. I understand my application will be revoked if found to contain false, misleading, omitted, or fraudulent information.

_____ I authorize any references or churches listed in this application to give Connect Church any information (including opinions) they have regarding my character and fitness for work with minors, the elderly, or individuals with disabilities.

_____ I authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in criminal files maintained on me, whether local, state, or national. I hereby release local, state, federal, or military agencies from any and all liability resulting from such disclosure.

_____ I authorize the release of information contained in this application to any ministry of Connect Church in which I seek a position (volunteer or compensated).

This is a legally binding agreement I have read and understand.

Applicant's Signature: _____

Date: _____

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

As the parent/guardian of _____, I agree that the information contained in this application is correct to the best of my knowledge. I consent to my child serving in a ministry at Connect Church. I commit to assisting my child fulfill the requirements of his/her ministry role, including arriving on time. I agree to inform my child's supervisor, ministry director, or a pastor if a situation arises that changes my child's capacity to serve in the role assigned to him/her, including moral decisions, personal circumstances, or life patterns.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____