

# Grace Church-Children Ministries Youth Application Form

## Confidential

Thank you for your interest in becoming a volunteer in Children's Ministries at Grace Church. This application is to be completed by applicants ages 14 through 17 desiring to volunteer in positions involving work with children. The information contained in this application will be kept confidential and disclosed only to those who have a genuine need to know in order to carry out their responsibilities at or for Grace Church, or as required by law. ***Please return your completed application to the church using the stamped, addressed envelope enclosed in your application packet.***

### General Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
city state

### School & Activities

School \_\_\_\_\_ Grade \_\_\_\_\_

List the extracurricular activities you have been involved in during the **past two years**.

School Activities \_\_\_\_\_

Non-School Activities \_\_\_\_\_

### Employment

Current Employer \_\_\_\_\_

Starting Date \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
month year

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

### Spiritual Journey

Have you personally received Jesus Christ as your Savior?  yes  no  unsure

If yes, please explain how you came to know Him as your Savior. \_\_\_\_\_

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## Church & Prior Experience with Children

How long have you attended Grace Church? \_\_\_\_\_

Describe why you would like to work with children/youth at Grace Church.

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List any babysitting certification or training you have received.

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List your previous experiences working with children including church, volunteer, babysitting, and employment situations.

**Position** \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Organization \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Position** \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Organization \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Position** \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Organization \_\_\_\_\_ Phone (     ) \_\_\_\_\_

## References

List three **adults** who know you well and are not related to you.

### ***Individual at your present or former church***

Name \_\_\_\_\_ How you know this person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

### ***Teacher, coach, or extracurricular activity leader***

Name \_\_\_\_\_ How you know this person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

### ***Another adult who is unrelated to you and knows you well***

Name \_\_\_\_\_ How you know this person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

# Signature

The information on this application is correct to the best of my knowledge. Grace Church has my permission to contact any individual or organization listed to verify the information on this application and/or to determine my suitability for working with children.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Grace Church – Child Protection Program Compliance Statement

I hereby acknowledge that Grace Church has provided me with a copy of the Child Protection Program; that I have read the program; that I understand its contents; and I agree to abide by the procedures and policies contained within.

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_