

Volunteer APPLICATION

Last Name:	Fi	rst Name:	M.I
Address:	City:	State	Zip
Phone: ()	Email:		
Ministries you desire to b	e involved in:		
Are you using illegal dru	gs? Yes No		
Have you ever gone thr If yes, please describe.	ough treatment for alcoho	ol or drug abuse?	Yes No
Have you ever been arr If yes, please describe.	ested and / or convicted (of a crime?	Yes No
Have you ever had sexu	al relations with any minor	·	e an adult?
Have you ever been ac If yes, please describe.	cused or convicted of any	form of child abus	se? 🗌 Yes 🗌 No
Have you ever been a v	ictim of any form of child	abuse? Yes	■ No

Are you willing to be fingerprinted for State Criminal Conviction Clearing? \square Yes \square I	No
Talents/Gifts What skills, spiritual gifts, or talents do you have which might be useful in this position?	
What training or experiences do you have which might be useful in this position?	
Personal and Spiritual History Write a brief testimony about how you became a Christian (include date if possible). Write briefly about significant events in your life that have impacted you spiritually.	
Describe three major ways in which you have grown in your spiritual journey since you became a Christian.	
How would you describe your spiritual journey now?	
What do you do when you have a conflict with someone?	
Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in the youth ministry? (e.g. relationships, other commitments, etc.)	

References: please.)	(Please provide name and phone of three references, no family members
understand t	all information provided in this application is true and complete. I hat any false information or omission may disqualify me from further n, and may result in my removal if discovered at a later date.
Signature	Date