

Youth Volunteer Application and Permission Form

Applicant Information

Applicant's Name _____ Date _____

Date of Birth: _____ Male: ____ Female: ____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

Preferred method of communication: __ Call __ Text __ Email

Have you ever accepted Christ as your personal Savior? YES NO
Please include a personal testimony. You may use the back of this page or a separate piece of paper

Parent Permission

Parent's Name _____

Home phone _____ Cell phone _____

Email address _____

Preferred method of communication: __ Call __ Text __ Email

I give my permission for _____ to assist as a Youth Volunteer at DRBC.

In Case of Emergency Contact: _____ Contact Number: _____

He/She can serve the following areas(s)/time(s):

- | Area | Time |
|------------------------------------|----------|
| <input type="checkbox"/> Nursery | 10:30 am |
| <input type="checkbox"/> 2's & 3's | 10:30 am |
| <input type="checkbox"/> Kids Zone | 10:30 am |
| <input type="checkbox"/> Kids Zone | 6:00 pm |
| <input type="checkbox"/> VBS | |

Once a Month _____ Twice a Month _____ Three Times a Month _____

I acknowledge that I have received and read the guidelines for youth workers and will abide by these guidelines. I understand that it is my responsibility to be on time and to inform the area director if I will not be able to assist at my scheduled time. Furthermore, by my signature, I understand that failure to comply with the guidelines will result in disciplinary action, which may include release from serving in Children's Ministry.

Applicant's Signature

Date

Parent's Signature

Date