

Grace Church

Student Ministries Volunteer Application

Name _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Email _____

Preferred method of communication: _____

Birthdate _____ Favorite Candy Bar/Snack _____

Employer/Occupation _____

Have you received Jesus Christ as your Lord and Savior? _____

Briefly tell us about your spiritual journey.

How long have you attended Grace? _____ Are you a member of Grace? _____

Please provide 3 references (not family) that are willing to attest to your character.

Name _____ Phone _____ Relationship _____

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What is your desired involvement?

9AM

___ Nursery ___ 2-3 Year Olds ___ 4-5 Year Olds ___ 1-3 Grade ___ 4-6 Grade

10:30 AM

___ Nursery ___ 2-3 Year Olds ___ 4-5 Year Olds ___ 1-3 Grade ___ 4-6 Grade

Other Ministries

___ Wed Night Kids ___ Grace Youth

Specific Areas of Interest (please Mark all that apply)

___ Coordinator ___ Teacher ___ Helper/Assistant ___ Games Activities
___ Crafts ___ Substitute

I understand that Grace Church may conduct inquiries into my background that may include criminal records, personal references, and public records pertaining to me.

Should my application be accepted, I agree to refrain from unscriptural conduct. I also agree to attend any required meetings which will aid in the further development of ministries at Grace Church.

Signature _____ Date _____

Church Office Use Only _____

Approved by _____ Date _____

Ministry _____ Position _____

Notes from Reference Checks: