Grace Church

Student Ministries Volunteer Application

Name		_		
Address		City	Zip	
Phone	Cell	Emai	l	
Preferred method of cor	nmunication <u>:</u>			
Birthdate	Favorite Ca	andy Bar/Snack		
Your top 2 "Love Langua	ges"			
If you are sick or need a short notice (provided the			person who could fill in for you	u with
Name:		Phone number:		
Employer/Occupation				
Briefly tell us about your	spiritual journey.			
How long have you atter	nded Grace?	Are you a men	nber of Grace?	
Please provide 3 referen	nces (not family) that	are willing to attest	to your character.	
Name	Phone		Relationship	
Name	Phone		Relationship	
Name	Phone		Relationship	

Grace Church

Student Ministries Volunteer Application

What is your desired involvement?
Nursery 2-3 Year olds (Puddle Jumpers)4-5 Year olds (Gliders)
1 –3 Grade (Flyers)4- 6 Grade (Jets)
Times you would like to volunteer
Sunday mornings (9am or 11am) Grace Kids Wednesday Nights (PreK through 6 th grade)
Grace Students (7 th through 12 th grade) *See Pastor Micah for more details
Specific Areas of Interest (please mark all that apply)
Coordinator Teacher (must be a member) Helper/Assistant Games/ Activities
Crafts Substitute
I understand that Grace Church will conduct inquiries into my background that may include criminal records, personal references, and public records pertaining to me.
I also understand I will be sent an email to initiate taking a child safety training via Ministry Safe. I will take the online or in-person training within a month of being approved to be a volunteer for Grace Church.
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.
SignatureDate
Church Office Use Only
Approved byDate
MinistryPosition
Date taken Child Safety Training course:
Notes from Reference Checks:

Grace Church

Student Ministries Volunteer Application