

Sample Application for Volunteer Youth in Ministry

Please provide all of the information asked for and return this application to

Today's Date _____

Name _____ Birth date _____

Age group you are volunteering for _____

Address _____ City _____ Zip _____

Home phone _____ Cell # _____

E-mail _____ Best time to contact you _____

How long have you attended this church/school/organization? _____

What interests you about the ministry in which you wish to serve? _____

What experience or skills do you bring to this ministry? _____

References: Please list references as requested giving complete contact information.

1. A teacher or counselor from your school:

How long have you known this person? _____

Name _____ Position _____

Address _____ City _____ Zip _____

Telephone _____ Email _____

2. An adult family member other than a parent or sibling:

How long have you known this person? _____

Name _____ Relationship _____

Address _____ City _____ Zip _____

Telephone _____ Email _____

3. An adult member of the church, school or Diocese who has known you in a ministry setting:

How long have you known this person? _____

Name _____ Position _____

Address _____ City _____ Zip _____

Telephone _____ Email _____

Sample Personal Interview

Applicant's name _____

Date _____ *Ministry position sought* _____

Interviewer _____ *Position* _____

1. Why are you interested in helping in this ministry? _____

2. What experience do you have working with this age group? _____

3. What tasks and responsibilities do you expect to have in this ministry? _____

4. What do you think is the most important thing you need to know to carry out this ministry?

5. What challenges do you see arising for you in this ministry? _____

6. Tell me a little about your faith journey. _____

Sample Personal Reference Response Form

The applicant listed below has applied for a volunteer ministry position at (*insert name of church or school*) and has given your name as a reference. Please take a few minutes to complete this reference and return it to (*insert name*). We appreciate your response.

Name of applicant _____

Volunteer ministry position sought _____

Reference questions:

1. In what capacity do you know the applicant? _____

2. What three words would you use to best describe the applicant? _____

On a scale of 1-10 (with 1 being lowest and 10 highest rating) please rate the applicant on each of the following characteristics. *If you have insufficient knowledge on a particular characteristic, please note that.*

Characteristics	Rating 1-10	Comments
Ability to work well with others		
Personal motivation and initiative		
Dependability		
Trustworthiness		
Attitude		
Ability to communicate clearly		
Personal follow-through		
Faith commitment		

Sample Registration Form for Children or Youth Programs/Activities

Participant's Name _____

Goes by (name) _____ Male _____ Female _____

Date Of Birth _____ Age _____ Grade _____

Church Name _____ City _____

Home Address _____

City _____ Zip _____

Home Ph.# _____

Email _____

Parent/Guardian Work Phone _____

Parent/Guardian Cell Phone _____

If unavailable in emergency, notify _____

Phone _____

Allergies to medications and reaction _____

Other Allergies _____

Medications sent with participant _____

Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physician's name on label. The event nurse will keep and distribute all medications during the event. Please notify the event coordinator or nurse if this participant has been exposed to any communicable disease within the 3 weeks prior to this event. Participants will NOT be allowed to attend if they arrive at the event ill.

Are there any over the counter medications that the participant should not receive if any minor symptoms develop? (e.g., Tylenol, Advil, etc.) _____

Insurance Information

Co. _____ Policy# _____

Group# _____

Ins.Phone# _____

Sample Permission Form

My child, _____ has permission to attend and to participate in
_____ (name of event) sponsored by
_____ (EDOT Entity)

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

(NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS).

Parent, Custodial Parent or Legal Guardian Signature:

Date _____

Relationship to Participant: _____

Sample Participation Log

Parents Assisting in a Program with their Child

Parents who assist *no more than six times a year* with a program in which their child is enrolled, including providing transportation, are exempt from *Safeguarding* certification requirements. **Exception: Parents volunteering during overnight events or VBS must be SGC certified.** All parents must receive and review a copy of the *Policies for the Protection of Children and Youth from Abuse* before they begin to assist.

Name of Church or School _____ City _____

Name of Parent & Child _____

School Year and Volunteer Dates _____

1. Date assisting: _____

Name of event or program: _____

Safeguarded supervisor: _____

2. Date assisting: _____

Name of event or program: _____

Safeguarded supervisor: _____

3. Date assisting: _____

Name of event or program: _____

Safeguarded supervisor: _____

4. Date assisting: _____

Name of event or program: _____

Safeguarded supervisor: _____

5. Date assisting: _____

Name of event or program: _____

Safeguarded supervisor: _____

6. Date assisting: _____

Name of event or program: _____

Safeguarded supervisor: _____