

Adult Volunteers Working With Minors

Last Name _____ First Name _____ MI _____
Address _____
City/Zip _____
Home Phone _____ Alternate Phone _____
Email Address _____
Grade Level/Work Desired _____
Session Requested: Sunday morning 9:00 to 10:30
 Wednesday evening 6:30 to 8:00

Please attach background check form.

Church History & Prior Youth Work

Are you a registered member of our church? _____ How long? _____
Name of previous church & length of time attended _____
List previous church work involving youth:
Name of church _____
Type of work: _____
Contact person: _____
Dates: From _____ to _____

Any Previous Non-Church Youth Work

Name of Organization: _____
Type of work: _____
Contact person: _____
Dates: From _____ to _____

Personal References

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Telephone: _____	Telephone: _____

I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. I agree not to hold any previous contacts liable for release of any information herewith.

Applicant's signature: _____ Date: _____

Witness: _____ Date: _____