

River of Life Ministries Youth Volunteer Application For Children's Ministry

Name:	Phone:	Cell Phone
Address:	City:	Zip Code:
Birthdate (month/day/year)		
Email Address:	School Attending:	Grade:
Parent/Guardian 1: _____		
Parent/Guardian 2: _____		
Do you regularly attend River of Life? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when: _____		
Are your parents Attenders/Committed Attenders of River of Life? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you consider becoming an Attender/Committed Attender? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List three personal references, especially those who would know of your experiences, behavior or background with children. Preferably at least one who is on staff at River of Life. Do not include relatives.		
Name:		Phone:
Address:		
City:	State:	Zip:
Known how long?		Relationship:
Name:		Phone:
Address:		
City:	State:	Zip:
Known how long?		Relationship:
Name:		Phone:
Address:		
City:	State:	Zip:
Known how long?		Relationship:
If applicable, list the name of the church previously attended.		
Name:		Phone:
Address:		
City:	State:	Zip:
How long did you attend?		Pastoral Contact:

Ref: ____	Application	Nursery	Youth Assist.	Paid Childcare	Background ✓	First Name	Last Name	Dates

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For Office Use
Only

Do you have a personal relationship with Jesus as your Lord and Savior? If yes, please share your experience: Yes No

Have you worked with children before? If yes, please explain Yes No

What areas, groups and/or age brackets do you want to work with in children's ministries?

Have you ever been accused, rightly or wrongly, or convicted of any type of sexual or physical abuse, neglect, or maltreatment of a child, family member, or any other individual? If yes, please explain: Yes No
Or, check here to discuss with a member of the River of Life Staff.

Have you ever been charged with or convicted of any criminal act including felonies or misdemeanors, excluding minor traffic violations? If yes, please explain (and include state, county and year of charge and/or conviction). Or, check here to discuss with a member of the River Of Life Staff. Yes No

Is there any physical or mental condition that might limit or in anyway impact your ability to volunteer or that River of Life should know about? If yes, please explain: Or, check here to discuss with a member of the River of Life Staff. Yes No

Could you refrain from smoking or drinking before and while working with children? Yes No

Is there any other information relevant to your suitability to serve as a volunteer in the children's Ministry that River of Life should know? If yes, please explain: Or, check here to discuss with a member of the River of Life Staff. Yes No

I hereby certify that to the best of my recollection and knowledge, the information on this application is accurate and has no material omissions. I understand that I am applying to be an unpaid volunteer and not an employee.

I authorize representatives of River of Life Ministries to take whatever action it deems appropriate in its sole discretion to verify the information on this form and my suitability as a volunteer, including contacting the references listed above and any others including government agencies. I further authorize and release my references, past and present employers, and others to provide information to River of Life Ministries about my suitability to serve as a volunteer.

Signature _____ **Date** _____