## YOUTH VOLUNTEER CHECKLIST (for volunteers under 18 years old)

Hello! Thanks for your willingness to help with FBC's Children's Ministries. You are a valuable asset & we appreciate your help! Please understand that you will always be working with 2 or more approved adult workers. If you or your parent/guardian have any questions about this application process or any other questions about your involvement, please contact Kathie Nagle, FBC Safe Church Co-Ordinator or leave a message at First Baptist, 570-275-1511.

THANKS!

Kathie Nagle

Please fill out & submit the following in an envelope, all at one time:

\_\_\_\_\_Youth Volunteer Application

\_\_\_\_\_Parent/Guardian Permission Signed

\_\_\_\_\_Photo (of yourself from the shoulders up) emailed to <u>safechurch@danvillefirstbaptist.org</u>.

If you are not able to email a photo stop by the office & your picture can be taken there. Your photo is for identification purposes only.

\*\*To complete your application process, you must attend a Safe Church Class. (This could be a VBS class or a Safe Church class at another time as needed.)\*\*

## FIRST BAPTIST CHURCH YOUTH VOLUNTEER APPLICATION For Working with Children

| NAME:   | DATE OF BIRTH:   |
|---|--|
| ADDRESS:  |  |
| HOME PHONE:   | CELL PHONE:  |
| EMAIL ADDRESS:  |  |
| PARENT/GUARDIAN NAME(S  | ):   |
| PARENT/GUARDIAN CELL PH<br>We would like to get to know<br>please use the back of this pa | ONE:   |
| What does it mean to be a C   | iristian?  |
| Give one Scripture verse or p   | assage that encourages you.  |
| What steps are you taking to  | grow in your walk with the Lord?   |
| Do you attend First Baptist C   | hurch? (If so, for how long? If no, please list the church you normally attend.) |
| Do you attend regularly? (av  | g. 3 Sundays/month)YESNO   |
| Why do you want to join the   | Children's Ministry?   |
|   |  |

Have you participated in Children's Ministries in the past? If so, which ones and in what ways?

APPLICANT SIGNATURE

DATE

## Parent/Guardian Consent for Youth Volunteer

| Volunteer's Name  | Date of Birth//  |
|---|--|
| I hereby give permission for  | to serve as a Youth Volunteer at<br>eer's Name<br>g other minor children.  |
| I understand that wil<br><sub>Volunteer's Name</sub><br>workers and will be under their supervision and | l be working with adult Danville First Baptist Child approved<br>direction.  |
|   | any pictures in connection with these events.<br>rgency that requires immediate medical treatment for my<br>other adult chaperone to authorize such treatment. |

Please list any <u>allergies</u> or <u>conditions</u> that we should be aware of:

 Signed\_\_\_\_\_\_
 Date: \_\_\_\_\_/ \_\_\_\_/

(Parent or legal guardian