

DFW Church of Christ Youth Ministry Volunteer Application
(Not an employment application)

-----confidential-----

The DFW Church of Christ would like to thank you for your interest in volunteering in the Youth Ministry. As part of the volunteer process, please take a few minutes to fill out this form. When completed, submit it to your coordinator via email. The information will be reviewed by the coordinator. Note that this is not an employment application, and as a volunteer, you are not being compensated and are not considered as an employee of the DFW Church of Christ. Should you have any questions, please let us know. Thanks again for your help.

Date: _____ **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: (H) _____ **(W)** _____ **(Cell)** _____

Email: _____ **DFW Church Region (circle one):** NE NW SE SW

Are you over the age of 18? (circle one): Y N **Birthdate (Month/Year only):** _____

Please circle the ministry where you will be a volunteer:

Teen Ministry **PreTeen Ministry** **Children's Ministry (Infants to 4th grade)**

Why do you want to serve in the ministry you have chosen? _____

Are you currently a member of the International Churches of Christ? (circle one): Y N

You must be a member to volunteer in the Youth Ministry in the DFW Church of Christ.

How long have you been a disciple? _____ years _____ months

How long have you been attending the church services provided by the DFW Church of Christ? (circle one):

0 to 6 months **6 to 12 months** **Longer than 1 year**

Other than a traffic violation, have you ever plead guilty, plead no contest, or been convicted of a crime? If yes, please explain: _____

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Are you currently under any criminal charges? If yes please explain: _____

References

Church/Ministry references

Please list 2 references from within the church or ministry you are volunteering. . References must be over the age of 18, not a relative and must have known you for at least 1 year.

1. Name: _____

Length of time you have know this person: _____

Relationship: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (H) _____ **(W)** _____ **(Cell)** _____

Email: _____

2. Name: _____

Length of time you have know this person: _____

Relationship: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (H) _____ **(W)** _____ **(Cell)** _____

Email: _____

Please list 2 references from your employment or prior volunteer service. Feel free to use references if you have had previous youth working experience from other organizations. References must be over the age of 18, not a relative and must have known you for at least 1 year.

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1. Name: _____

Length of time you have know this person: _____

Relationship: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (H) _____ **(W)** _____ **(Cell)** _____

Email: _____

2. Name: _____

Length of time you have know this person: _____

Relationship: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (H) _____ **(W)** _____ **(Cell)** _____

Email: _____

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Liability Release and Authorization

I hereby declare that the information provided in this application is correct and complete to the best of my knowledge. Furthermore I authorize the references listed in this application to provide information and opinions regarding my character and work habits. I also hereby release the DFW Church of Christ and any individuals or organizations with which I am applying to volunteer from any and all liability for damages of whatever nature which could result at any time to me or my family as it relates to obtaining, communicating and authorization of information. I also state that I fully understand and have carefully read the contents of this application. I further state that I sign this release by my own free will.

A copy of this document with this authorization is valid as the original.

I also understand that a criminal records check may be part of this application process and I consent to such check.

Signature: _____ **Date:** _____

A copy of this Liability and Release form needs to be printed and signed by you and given to a Ministry staff member or Children's Ministry coordinator.

By also sending it via email, you understand and agree to the terms as listed above.