

Teen Volunteer Application ~ New Hope Baptist Church



Please **Check** below the **Campus** and **Ministry Area** where you want to serve.

North **South** **Preschool (Birth-K-5)** **Children (1st-6th)**

This Form is to be **completed PERSONALLY** by ALL Students desiring to volunteer in Kids Place Ministry at New Hope.

Name _____ **Age** _____ **Grade** (completed this year) _____
First - or Called by / Preferred Name Last

Address _____
Street Address City State Zip

email _____ **Emergency Contact** _____

Home Phone _____ **Cell** _____ **Best time to call** _____

Parent/s Name _____ **Phone** _____

List any **FOOD** or **DRUG ALLERGIES/MEDICAL DIFFICULTIES** for which you are **CURRENTLY** being treated/
Current **MEDICATION/** or **OTHER INFO** we **NEED** to **KNOW**: _____

Do you have a personal relationship with Jesus Christ? _____ Briefly describe _____

Are you a Member of New Hope? ___ **Regular Attender?** ___ **How long have you attended New Hope?** ___

Other church where you are a member or attend _____

In what area(s) of ministry do you desire to be involved? _____

Do you have a specific age-group preference? ___ **If so, what age-group:** _____

Describe any **leadership/volunteer experience(s)** you have had. List all previous church work or other areas (*Identify church and type of work - list supervisors during past five years.*) _____

Why would you like to serve in Kids Place? _____

Do you have any medical training or are you **CPR** certified? _____ **Explain** _____

Local Personal or Church References: (Must be over 18 years of age and non-related to you)

Name _____ **Relationship** _____

Phone #s _____ **email** _____

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

Name _____ **Relationship** _____

Phone #s _____ **email** _____

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

Name _____ **Relationship** _____

Phone #s _____ **email** _____

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

Applicant's Signature _____ **Date** _____

return this form to the staff person responsible for the ministry area where you desire to work