

Ch/Y date rec'd _____
Admin. update _____
Namebadge _____

Community of Grace Children and Youth Ministry Volunteer Information Form

Please contact the office administrator with any changes to this information so contact information is current.

Date _____

Name _____ D.O.B. _____

Address _____

Home phone _____ Cell (opt) _____ Work (opt) _____

Email _____

Volunteer Agreements (Please check the boxes that you have read and agree to the following):

- I understand that a minimum of two adults are required to be present when leading children or youth. Exceptions include: transporting for church events; written parent permission; crisis
- I understand that children under 18 can never "consent" to sexual activity, and any direct information regarding abuse of a minor must be reported to Dept. of Child and Family Services (DCFS)), as well as communicated to a Pastor or Director in writing.
- I seek to love God, neighbor and self using tools of worship, prayer, study, service and care
- (opt.) I am willing to drive students (with required release forms) during church sponsored activities and I understand that my insurance is primary.

Ministry information

1. Are you currently serving in any other COG ministries? Yes _____ No _____

If "yes", please list present ministry roles: _____

2. Are you comfortable leading _____ assisting _____

3. Why do you want to serve with children or youth?

1st Time serving in Children and Youth Ministry at COG??? Please complete the box below

- I have been a member of Community of Grace for at least 6 months
- Please list previous church/Pastor if you have been a member under one year: _____

Please list two people (non-relatives) with knowledge of your character, who might be contacted:

1. Name: _____ phone: _____ email: _____

2. Name: _____ phone: _____ email: _____

Signature of volunteer (Includes release to contact references listed) _____