

St. Barnabas Lutheran Church

Application for Volunteer Ministry among St. Barnabas Youth

Thank you for your interest in volunteering for youth ministries at St. Barnabas. The application and procedures developed were created to help provide a safe and secure environment for the youth who participate in St. Barnabas programs and for your protection as a volunteer. Information requested on this application will be confidential and securely stored in the church.

VOLUNTEER AREA: (circle) Confirmation Sunday School VBS Choir Nursery Youth Group

NAME _____ DATE OF BIRTH ____/____/____ TODAY'S DATE _____
MM/DD/YYYY

ADDRESS _____ PHONE _____
(STREET) (CITY) (ZIP) SSN _____

LENGTH OF TIME AT THIS RESIDENCE _____ EMAIL _____

MEMBER OF ST. BARNABAS – Circle YES or NO IF YES - LENGTH OF TIME _____

If less than three years, please list

PREVIOUS CHURCH _____ LENGTH OF TIME _____
(NAME) (CITY)

CURRENT EMPLOYMENT _____ PHONE _____

LENGTH OF SERVICE _____ JOB TITLE _____

TWO PREVIOUS EMPLOYERS/LENGTH OF SERVICE/JOB TITLE

REFERENCES: List 3 people, other than relatives, who have known you at least 3 years.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST PREVIOUS CHURCH WORK (as a volunteer or staff person) involving youth.

Church	Ministry Area	Approximate Dates
_____	_____	_____
_____	_____	_____

I agree to observe St. Barnabas procedures regarding volunteering with youth and I hereby authorize St. Barnabas Lutheran Church to verify the information contained in this application.

Signature _____ Printed Name _____
 Date _____

***OFFICE USE ONLY**

References checked	Yes or No	Date _____	By _____
Background check	Yes or No	Date _____	By _____
Child Safety training	Yes or No	Date _____	By _____