Eastview Community Church
Youth Volunteer Registration Form
(for volunteers ages 11 - 17)

Last name: _____ First: _____

Address: _____

E-Mail: _____ Cell #: _____

Home Phone: _____ Age: _____ Birthdate: _____

Parent / Contact Person: _____Relation: _____

I would like to volunteer in the area(s) of: _____

_____

The reason I would like to volunteer in this/these area(s) is:

_____

_____

Hobbies / Interests / Skills: _____

_____

Volunteer Experience: _____

_____

Have you accepted Christ as your Saviour? _____ If so, when _____

In a sentence or two, describe what your faith means to you.

_____

_____

_____

(Please complete side 2)

Reference Checks

Please list two adults that you've known for at least one year and who have a definite knowledge of your character and ability to work in a volunteer role. You should include one reference from a ministry leader, such as a pastor, a director, or a small group leader. And you should include one reference from somebody who knows you outside of the church, such as your employer, a teacher or a coach, but is not related to you.

1. Name of reference: _____ Phone #: _____
E-mail: _____
Nature of Relationship: _____
How long have you known this person? _____

2. Name of reference: _____ Phone #: _____
E-mail: _____
Nature of Relationship: _____
How long have you known this person? _____

Commitment

I realize that as a volunteer in the ministries at Eastview Community Church, I am responsible to follow a schedule. If I am unable to be present on my appointed Sunday, I will notify the coordinator. Yes _____

I will regularly attend Sunday a.m. Youth Service / Adult Worship Service / Youth Midweek Programs (circle at least two). The purpose of this is to receive continued Christian education and training, along with my peers, to assist me in discipleship for the area I am volunteering in. It also provides me with adult influences to whom I can be held accountable, and who can be my mentors as I grow in my faith.

I have attended a "Safe Places Orientation" Training Session. Yes _____

I am willing to work within the Safe Places guidelines. Yes _____

Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____

(for volunteers under 17 years old)