

STUDENT LEADER for CHILDREN'S MINISTRY APPLICATION

Name _____ Date _____

Address _____

City _____ Zip _____

Phone Number _____ Email _____

Are you a member of this church? ____ Yes ____ No

If not, are you a member at another church? ____ Yes ____ No Church _____

In case of an emergency, please notify (name & phone) _____

School you attend _____ Grade Completed _____

Volunteer Experience (list any work you have done with children) _____

Special Talents (list talents in art, music, drama, sports, etc.) _____

APPLICANT'S STATEMENT

If I am given a responsibility by the church, I agree to be bound by the bylaws and policies of _____ Baptist Church and to refrain from unscriptural conduct in the performance of services to the church.

Applicant's Signature

Parent's Signature: _____

Date: _____