

New Covenant Bible Church (NCBC)
Youth Volunteer Application For Children's Ministry

	Last Name	Name: _____ Phone: _____ Cell Phone _____			
		Address: _____ City: _____ Zip Code: _____			
	First Name	Birthdate (month/day/year) _____		Best way to contact you? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	
		Email Address: _____		School Attending: _____	
		Grade: _____		Parent/Guardian 1: _____	
		Parent/Guardian 2: _____		Do you regularly attend NCBC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when: _____	
		Are your parents members of New Covenant Bible Church? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you consider becoming a member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		List three personal references, especially those who would know of your experiences, behavior or background with children. Preferably at least one who is on staff at NCBC. Do not include relatives. (Please include all information, so we may expedite the process.)			
		Name: _____		Phone: _____	
		EMAIL ADDRESS PREFERRED:			
		Address _____		City: _____	
		State: _____		Zip: _____	
	Background ✓	Known how long: _____		Relationship: _____	
		Name: _____		Phone: _____	
		EMAIL ADDRESS PREFERRED:			
		Address _____		City: _____	
		State: _____		Zip: _____	
		Known how long: _____		Relationship: _____	
		Name: _____		Phone: _____	
		EMAIL ADDRESS PREFERRED:			
		Address _____		City: _____	
		State: _____		Zip: _____	
	Paid Childcare	Known how long: _____		Relationship: _____	
		Name: _____		Phone: _____	
		EMAIL ADDRESS PREFERRED:			
		Address _____		City: _____	
		State: _____		Zip: _____	
		Known how long: _____		Relationship: _____	
		Name: _____		Phone: _____	
		EMAIL ADDRESS PREFERRED:			
		Address _____		City: _____	
		State: _____		Zip: _____	
	Youth Assist.	Known how long: _____			
		Relationship: _____			
		If applicable, list the name of your church previously attended.			
		Name: _____		Phone: _____	
		EMAIL ADDRESS PREFERRED:			
		Address _____		City: _____	
		State: _____		Zip: _____	
		How long did you attend: _____			
		Pastoral Contact: _____			
		Ref. _____			

For Office Use Only

Please fill out both sides and sign before turn in.

Do you have a personal relationship with Jesus as your Lord and Savior? If yes, please share your experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Have you worked with children before? If yes, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No	
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What areas, groups, and/or age brackets do you want to work with in Children's Ministry? Please check all that apply: Specifically: _____ <input type="checkbox"/> Sunday Children's <input type="checkbox"/> Wednesday Children's <input type="checkbox"/> Other Children's	<input type="checkbox"/> One time Event Only State event below:
Have you ever been accused, rightly or wrongly, or convicted of any type of sexual or physical abuse, neglect, or maltreatment of a child, family member, or any other individual? If yes, please explain: Or, check here <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.	
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Have you ever been charged with or convicted of any criminal act including felonies or misdemeanors, excluding minor traffic violations? If yes, please explain (and include state, county and year of charge and/or conviction). Or, check here <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.	
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Is there any physical or mental condition that might limit or in anyway impact your ability to volunteer or that NCBC should know about? If yes, please explain: Or, check here <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.	
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Could you refrain from smoking or drinking before and while working with children?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any other information relevant to your suitability to serve as a volunteer in the children's Ministry that NCBC should know? If yes, please explain: Or, check here <input type="checkbox"/> to discuss with a member of NCBC's Equipping Staff.	
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Please provide a current "head-shot" of yourself, for our volunteer directory. Or, simply email: Judy.Greeb@ncbc.church with your first and last name.

I hereby certify that to the best of my recollection and knowledge, the information on this Application is accurate and has no material omissions. I understand that I am applying to be an unpaid volunteer and not an employee.

I authorize representatives of NCBC to take whatever action it deems appropriate in its sole discretion to verify the information on this form and my suitability as a volunteer, including contacting the references listed above and any others including government agencies. I further authorize and release my references, past and present employers, and others to provide information to NCBC about my suitability to serve as a volunteer.

Signature _____ **Date** _____