



Jr. Volunteer Personnel Form

Application to Serve as a Jr. Volunteer and help with the Children's Ministries Of the Auburn Alliance Church

This form is to be completed in ink by any applicant between the ages of 10 and 18 who wants to help with the Children's ministries of Auburn Alliance Church. Please fill out this form and return it to one of the pastors of Auburn Alliance or give it to the church secretary.

Please print in a legible manner in black ink. Thank you.

Date: _____

Name: _____
Last First Middle

Present address: _____
Street

_____ *City State Zip*

Date of Birth: _____

Phone Numbers: _____

Indicate if the numbers are home or cell numbers

Spiritual History

How long have you attended Auburn Alliance Church?

How many services do you attend in a typical month?

Have you been baptized?

If you've been baptized, when and where?

On a separate sheet, please outline your spiritual journey, including when you received Christ as your Savior and how He has changed your life since then.

Ministry History

Have you helped out with other ministries at Auburn Alliance or in other churches? If so, which ones?

Please list any ministries at Auburn Alliance Church that you would like to be involved with:

Qualifications and Availability for Service

Briefly share your motivation for wanting to serve in the ministries of the Auburn Alliance Church:

On what date would you be available to begin volunteering?

Describe any condition or limitation that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (e.g., lifting, handling an emergency, driving, time restrictions, participating in certain sporting activities, etc.)

Personal References

Please list three people you would list as character references:

Name: _____

Address: _____

City *State* *Zip*

Phone Number: _____ Relationship: _____

Name: _____

Address: _____

City *State* *Zip*

Phone Number: _____ Relationship: _____

Name: _____

Address: _____

City *State* *Zip*

Phone Number: _____ Relationship: _____

Applicant's Statement and Signature

I understand that my application will be reviewed by the CE Committee and they'll let me know if and when I can start helping with the children's ministries at AAC. I understand that if approved, I will be helping the teachers of the children's ministry.

Applicant's Signature: _____

Applicant's Printed Name: _____ Date: _____

Parents' Signature: _____

Parents' Printed Name: _____ Date: _____
