

ALL SOULS APPLICATION FOR YOUTH SERVING IN CHILDREN'S MINISTRIES



Full Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell: _____

Birthdate: _____

E-mail: _____

School: _____

Grade Level: _____

Name(s) of Parent(s) or Legal Guardian(s):

Ministry position desired (Nursery, Sunday School, VBS, etc):

Age Group you prefer to work with:

ages 0-2 ages 3-5 grades 1-5

Tell us why you are interested in working with children:

The information I have provided on this form is correct to the best of my knowledge. I have carefully read the All Souls Children's Ministries Covenant, and understand that all volunteers who work with children at All Souls are expected to sign the Covenant.

SIGNATURE

DATE