Appendix: YOUTH Under 18 HELPER APPLICATION FORM

Full Name: _____ Daytime Phone #: _____

Street Address: _____ Town/City: _____

Postal Code: _____ Ontario _____

Email Address: _____

Your Current Age

☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Describe why you would like to be a helper.

Are your parents supportive of your helper involvement? ☐ Yes ☐ No

If no, please explain

Please list the area(s) of ministry in which you would like to serve.

Reference:

List **three adults** that you've known for at least one year and who have a definite knowledge of your character and ability to work with children. You may include one reference from a relative.

(We will be contacting your references to discuss your suitability as a helper.)

Full Name: _____ Email or Phone: _____

How long have you known this person? _____ Relationship: _____

Full Name: _____ Email or Phone: _____

How long have you known this person? _____ Relationship: _____

Full Name: _____ Email or Phone: _____

How long have you known this person? _____ Relationship: _____

Information received is confidential and is being gathered for the purposes of screening youth volunteers and placing them into church helper roles. The information gathered here will be used for the purposes of supporting the ministries at _____ Church.

Signature of Helper:

Signature: _____

Date: _____

Signature of Parent/Guardian:

Signature: _____

Printed Name: _____

Date: _____

PLEASE RETURN this form to the
Office Administrator or Safe Church Lead
Thank you!