



Youth Volunteer Application (Under 18 Years of Age)

This application is to be completed by all youth desiring a ministry position involving the supervision or care of minors. It is used to help the church provide a safe and secure environment for the children/youth who participate at Aurora Church of the Nazarene. All youth applying must be in 5th grade or above and attending at least one youth service at Aurora per week.

Full Name(Printed): _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home(____) _____ Cell/Pager(____) _____ Work(____) _____

Preferred method of communication:

Phone [Best time to call: _____(am)_____(pm)] Email E-mail Address: _____

Date of Birth: ____/____/____ Current Age: _____ Male Female

Driver's License #: _____ State of License: _____ Exp. Date _____

Emergency Contact: _____ Phone #: (____) _____

Do you have a personal relationship with Jesus Christ? Yes No Briefly describe: _____

How long attending Aurora? ____ (YRS) ____ (MO) Are you in a small group? Yes No Date of Baptism: _____

List any leadership/volunteer experience you have had with children/youth: _____

List any other Aurora ministries in which you are involved: _____

Please list your hobbies/interests: _____

List any gifts, training, education, or other factors that have helped you prepare to work with children/youth.

I am interested in serving: weekly two weeks on/two weeks off monthly Other _____

Please note if there is a particular area of children's/youth ministry you are interested in* (**Youth must be 16 years of age or older to work in the Nursery – other areas subject to approval and assessed on an individual basis**)

Children Jr High School High School Age/grade you would prefer _____

some areas of involvement may be limited due to age or maturity of applicant

****APPLICATION MUST INCLUDE PARENT AND YOUTH LEADER SIGNATURES****

The questions below are part of the process to help provide a safe and secure environment for our children/youth. All information is held strictly confidential by Aurora staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

Have you had any experiences that might make it difficult for you to minister to children/youth at Aurora? Yes No
Have you ever used illegal drugs or been accused or convicted of the use or sale of illegal drugs? Yes No
Have you ever been hospitalized, arrested/incarcerated for, or struggled with alcohol or substance abuse? Yes No
Have you ever been accused, charged, alleged to have or have you ever committed any act of neglect, abuse, molestations or battering of any person?..... Yes No
Have you ever been charged with a misdemeanor or felony? (Please note below dates and charges of either)..... Yes No
Are you engaged in any conduct that is contrary to the teachings of the Bible and Aurora? Yes No
Do you have any health issues that could place the children of Aurora at risk? Yes No
If you answered yes to any of the above questions, please explain: _____

Youth Applicant's Statement

I, (Print Name) _____ hereby authorize Aurora Church of the Nazarene to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those by both public and private organizations and all public records for the purpose of confirming the information contained on my application or volunteer form(s), and/or obtaining other information which may be material to my qualifications as a volunteer now and, if applicable, during the tenure as a volunteer with our church.

I release Aurora Church of the Nazarene and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the referenced sources used in this application.

This application is to be completed by all those desiring a ministry position involving the supervision or custody of minors. It is used to help the church provide a safe and secure environment for the children/youth who participate at Aurora Church of the Nazarene (Aurora).

I have provided my *true* and *complete* legal name and all information is true and correct to the best of my knowledge:

Youth Applicant's Signature: _____ Date: _____

**Youth Leader Approval
For Children's/Youth Ministry Leadership**

Attending youth services on a weekly basis is a requirement for serving in any area of ministry at Aurora. In order to complete the application process, a signature from your youth leader or small group leader is required.

Which service(s) do you attend? _____

Youth Leader Reference:

Name: _____ Service/Ministry: _____

Signature: _____ Date: _____

OR

Small Group Leader Reference:

Name: _____ Phone # _____

Signature: _____ Date: _____

OR

I do not attend a youth service. Instead I go to the main service on Sundays.

Parent Signature _____

****APPLICATION MUST INCLUDE PARENT AND YOUTH LEADER SIGNATURES****

REFERENCES:

Please list four references, **using only one family member/relative and no church staff**. Try to include at least one teacher, coach, or someone you work for or baby-sit for. All references must be **18 years of age or over**, and have known you for more than six months. **(This must be filled out with complete addresses and email in order for your application to be accepted)**. Please only list people who are reliable and will return the questionnaire.

1. Name _____
Address _____ City _____
Zip _____ Email _____
Phone # (____) _____ Relationship to you _____

2. Name _____
Address _____ City _____
Zip _____ Email _____
Phone # (____) _____ Relationship to you _____

3. Name _____
Address _____ City _____
Zip _____ Email _____
Phone # (____) _____ Relationship to you _____

4. Name _____
Address _____ City _____
Zip _____ Email _____
Phone # (____) _____ Relationship to you _____

I understand these references will be contacted by Aurora Church of the Nazarene.

Signature _____ Date _____

****APPLICATION MUST INCLUDE PARENT AND YOUTH LEADER SIGNATURES****

**Parent/Guardian Consent
For Student Leadership**

Parent/Guardian's Name (Printed): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home(____) _____ Cell/Pager(____) _____ Work(____) _____

Relationship to the applicant: _____

Which service time/event would be most convenient for your young person to assist?

Will you be responsible to see that your young person arrives for their scheduled service on time? Yes No

If your young person is not able to attend their scheduled time to volunteer for any reason, will you assist them in calling their Children's/Youth Ministry Leader ASAP? Yes No

I understand and agree to the information as stated in my young person's application.

Parent/Guardian's Signature _____ Date: _____

FOR HR OFFICE USE ONLY

Current Volunteer ? _____ Refs. Waived? _____ Ref. Quest. Mailed _____

Refs. Rec'd _____ Policy Form Rec'd _____

Cleared by youth coordinator/leader? _____ Approved _____ Not Approved

Assigned to F1 _____ Position _____ Service _____ Schedule _____

Start Date: _____ Exit Date: _____ Initials _____

Comments: _____
