

## **Children & Youth Ministries Servant Application**

Name		
Preferred Name		
Address		<del>-</del>
City	State	Zip
Email Address		
Home Phone		Race
Work Phone		Gender
Cell Phone		Birthdate
Emergency Contact		Phone
**ATTACH A COPY OF CURRENT DR	IVER'S LICENSE & AUTOMO	DBILE INSURANCE
Area(s) you would like to serve in:		
What qualities do you have that wo	ould help you work with ch	ildren and /or youth:
Signature of Applicant:		
Signature of Applicant.		
		Date:
	•	Youth Minister must sign stating that
•		erving children that are a minimum o
five years younger than the youth v		
Signature of Youth Minister:		Date: