Youth	New Covenant Bible Church Volunteer Application For		s Ministry	
Name:	Phone:	Cell Phone		
Address:	City:		Zip Code:	
Birthdate (month/day/ye	ar) Best way to contact you?	□ Home Phone	Cell Development Phone Text	🗖 Ema
Email Address:	School Attending:		Grade:	
Parent/Guardian 1:				
Parent/Guardian 2:				
Do you regularly attend I	NCBC?	No If yes, sir	nce when:	
Are your parents membe	rs of New Covenant Bible Church?	□ Yes	□ No	
Would you consider beco	ming a member?	□ Yes	□ No	
Preferably at least one who	es, especially those who would know of your exp is on staff at NCBC. Do not include relatives ding their email is preferred.			
Name:		Phone:		
EMAIL ADDRESS I	PREFERRED:			
Address	City:	State:	Zip:	
Known how long:	Relationship:			
Name:		Phone:		
EMAIL ADDRESS I	PREFERRED:			
Address	City:	State:	Zip:	
Known how long:	Relationship:			
Name:		Phone:		
EMAIL ADDRESS I	PREFERRED:			
Address	City:	State:	Zip:	
Known how long:	Relationship:			
If applicable, list the nam	e of your church previously attended.			
Name:		Pho	one:	
- EMAIL ADDRESS H	REFERRED:			
Address	City:	Stat	te: Z	Zip:
How long did you attend:		Pastoral Contact:		

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Do you have a personal relationship with Jesus as your Lord and Savior? If yes, please share you	ır experience: □Yes □No
Have you worked with children before? If yes, please explain	🗆 Yes 🛛 No
What areas, groups, and/or age brackets do you want to work with in Children's Ministry? Please check all that apply: Specifically:	One time Event Only State at left:
Sunday Children's Wednesday Children's Other Children's Events	Prefer: (Please circle) 9:30 11:05
Have you ever been accused, rightly or wrongly, or convicted of any type of sexual or physical ab neglect, or maltreatment of a child, family member, or any other individual? If yes, please explai Dr, check here 🗖 to discuss with a member of NCBC's Equipping Staff.	
Have you ever been charged with or convicted of any criminal act including felonies or misdemea excluding minor traffic violations? If yes, please explain (and include state, county and year of c and/or conviction). Or, check here 🗖 to discuss with a member of NCBC's Equipping Staff.	
Is there any physical or mental condition that might limit or in anyway impact your ability to volunteer or that NCBC should know about? If yes, please explain: Or, check here □ to discus with a member of NCBC's Equipping Staff.	□ Yes □ No
Could you refrain from smoking or drinking before and while working with children?	□ Yes □ No
s there any other information relevant to your suitability to serve as a volunteer in the children' Ainistry that NCBC should know? If yes, please explain: Or, check here 🗖 to discuss with a m f NCBC's Equipping Staff.	
Please provide a current "head-shot" of yourself, for our volunteer directory. Or, simply emai	1: Judy Greeb@ncbc.church

I hereby certify that to the best of my recollection and knowledge, the information on this Application is accurate and has no material omissions. I understand that I am applying to be an unpaid volunteer and not an employee.

I authorize representatives of NCBC to take whatever action it deems appropriate in its sole discretion to verify the information on this form and my suitability as a volunteer, including contacting the references listed above and any others including government agencies. I further authorize and release my references, past and present employers, and others to provide information to NCBC about my suitability to serve as a volunteer.

with your first and last name.