

Youth Ministry Application for CM

Lead Teacher _____ Class _____ Ser _____ Rm _____

General Information (please print)

Today's Date _____

Name: _____
Last First Middle

Address: _____

Apartment: _____ Neighborhood: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Date of Birth _____

Email _____

Ethnicity: _____
Note: ACAC seeks and desires cultural diversity in all that we do.

School _____ Grade _____

Parent/Guardian Name _____

How long have you attended Allegheny Center Alliance Church? _____

When are you available to serve in Children's Ministry?

Saturday 6:00 7:20 **Sunday:** 8:30 9:50 11:15 12:35

Clubs: Tuesday 6:55 p.m. Or Wednesday 6:55 p.m.

After School Program: Mon. Tue. Wed. Thurs. Fri.

Why do you want to serve in the Children's Ministry department?

What do you see as your gifts and talents?

Are you involved in Student Ministries (MS or HS programs) here at ACAC?

Yes _____ How? _____

No _____ Why Not? _____

Spiritual History

Have you received Jesus as your Savior? _____

In a brief paragraph, please outline your Testimony (how you came to Christ).

PERSONAL REFERENCES (No relatives, please.)

This section must be completed before application will be considered.

1. Name: _____

Phone : (_____) _____

Complete Mailing Address: _____

2. Name: _____

Phone : (_____) _____

Complete Mailing Address: _____

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Allegheny Center Alliance Church or its representatives to contact my references as deemed necessary in order to verify my suitability as a Children's Ministry worker. I understand that the personal information in this application will be held confidential by the professional Church staff.

Applicant's Signature: _____

Date: _____

My child has permission to serve in Children's Ministry as a Youth Helper. I have reviewed the job description with my child and verify that he or she understands the nature of this commitment.

Parent/Guardian _____ Date: _____

To be completed by Pastor

1. Do you approved of this student serving in Children's Ministry?

Yes NO

2. Is the student capable of following directions and serving?

Yes No

3. Is the child capable of leading a child to Christ?

Yes No

Pastor _____