



First Presbyterian Church
VOLUNTEER APPLICATION FORM
Children/Youth/Adult-At-Risk Programs

The congregation of First Presbyterian Church is committed to providing a safe and secure environment for all children, youth and volunteers who participate in the ministries and programs of this church. The following informational requests reflect our commitment to preserving this church as a holy place of safety for all who enter, and as a place in which all people can experience the love of God through relationships with others. Once your application is accepted, you will be requested to authorize a background check by a third-party provider.

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Please describe your past experiences working with children or youth:

Please let us know of any special skills that you would like to use in our programs:

Would you like to assist with our children in any of the following areas?

Teach/assist Sunday School _____

Song leading _____

Puppetry _____

Giving a children's sermon_____

Second Adult Presence _____

Nursery Volunteer _____

Directing skits _____

Set & prop construction____

Would you like to assist with our youth in any of the following areas?

Chaperone (daytime) _____

Chaperone (mission trip) _____

Teach _____

Chaperone (overnight) ____

Driver _____

Other _____

What ages do you prefer to work with? Middle school -or- High school

1. As a volunteer for children and youth, do you agree to observe the terms of the Child and Youth Protection Policy and sign our “Code of Conduct for Volunteers and Staff with Children or Youth”?

Yes _____ No _____

2. Do you have any training or certification in first aid or CPR?

Yes _____ No _____ If yes, please describe

3. Are you willing to attend an orientation? (For office use only) Date of Orientation _____

Yes _____ No _____

4. (For office use only) Date background check received:

Driving our Children - Please answer the following questions if you will be providing transportation for our children or youth:

5. Do you have a valid Driver's License?

Yes _____ No _____

If yes, license number _____

6. Do you have current collision/liability automobile insurance?

Yes _____ No _____

If yes, Insurance Company: _____

Policy number: _____

Signature _____

Date _____