



Student Volunteer Application



Name: _____ Date: _____

Name(s) of Guardian(s): _____

Address: _____, _____, _____

Home Ph: _____ Cell Ph: _____

Students or Parents cell please circle

Date of Birth: _____ School: _____

School Grade: _____ School Year: 20__-20__

Availability: ___ every other week ___ 1 x a month ___ once a quarter

Briefly describe your experience working with children (if any): _____

Briefly describe your spiritual journey: _____

What do you believe that the Kidz Church Ministry would gain by having you as part as our team?

Please read over these promises carefully and sign:

- I am willing to serve as a “Student Volunteer” in the Kidz Church ministry.
- I understand that I will be placed on a schedule and will honor the schedule by serving as indicated. Should a change in schedule become necessary, I will contact Amanda Martinez at 352-603-0595 or 793-3738 or another appropriate adult volunteer.
- I understand that I may have small group lesson plans and that I am responsible for picking up the lessons, the Sunday BEFORE I serve, so that I can make sure that any supplies that may be needed, will be available, and in order for me to be properly prepared for class
- While serving, I will offer help as directed by adult volunteers. I understand that failure to do so will result in my dismissal.
- I understand that I should not remain in the pre-school/elementary areas when I am not serving.

Volunteer Signature

Date

Both Sides Must Be Completely Filled Out

Parent Consent Form

For Student Volunteer

I, _____ parent/guardian of _____
give my consent for him/her to serve in the Kidz Church Ministry.

I understand that my child has accepted the role of serving (i.e., not participating) in Kidz Church. As such, he/she is expected to offer help and assistance as directed by adult volunteers and refrain from behaviors that will be disruptive to the classroom environment. Failure to do so will result in the dismissal of my child as a volunteer.

I understand that my child needs to honor the schedule he/she has agreed to. That includes arriving on time when he/she is scheduled, picking up small group lesson plans the week *prior* to serving, being prepared to lead the small groups, notify the appropriate adult when a change is needed, and not remaining in the Pre-School/Nursery and Elementary areas when he/she is not scheduled.

I will to my best to support my child as he/she serves in this capacity.

Parent Signature

Ph Number

Date

Please use the space below and/or attach 2 references. One can be a parent and the other a spiritual leader, teacher, or other adult.

Both Sides Must Be Completely Filled Out