



YOUTH Volunteer Application: Children/Student Ministries

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision and care of minors. Information provided on this form will be used to help provide a safe and secure environment for all children and students who participate in ministry programs. All information provided on this form and reported from the certified reporting agency, will be kept confidential.

Name (first middle last): _____

School: _____ Grade: _____ Gender: Male Female

Address: _____ Date of birth: _____

Apt.: _____ City: _____ State: _____ Zip Code: _____

Cell # : _____ Email: _____

Parent/Guardian Information

Name: _____ Phone Number: _____

Email: _____

Name: _____ Phone Number: _____

Email: _____

Do you attend Foothills Church regularly? Yes No

If no, which church do you attend? _____

If you attend Foothills please check all that apply:

- Sundays: Main/Auditorium or Classic/Worship Center
- Sunday: HSM Serve Team or JHM/11am
- Wednesday night HSM
- Thursday night JHM
- HSM Life Group: _____
- Tuesday night Awana: Trek or Journey

All information provided is accurate to the best of my knowledge. I authorize Foothills Church to use this information in order to verify my ability to work with minors according to the standards that will be presented in the Safe Place Policy training session. I understand that all information provided will be kept confidential and only shared with proper authorities per mandates reporting standards.

Signature: _____ Date: _____