

Date Submitted:

Student Ministry Initial:

Children Ministry Initial:

VBS 2020 Student Volunteer Application

*Beginning in 2020, all student volunteers, 7th-12th grades must fill out a volunteer application and be active in ministry at First Baptist Church, Conroe. Students are required to attend the VBS Training. Students will have opportunity to choose several areas of interest in serving, but must remain flexible to serve where needed most. VBS is a serving opportunity and not a hangout for the week. Our children deserve our BEST and we want you build healthy relationships with our children. **Please return form to Bethany Britton or Carrie Berger.***

First Name: _____ Last Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Parent Cell: _____

T-Shirt Size: AS AM AL AXL AXXL AXXXL

(circle one)

Student's Cell Phone: _____ Student Email: _____

Birthday: _____ Gender: _____ Last Grade Completed: _____

Allergies, Medical, or Special Needs: _____

Emergency Contact Name 1: _____

Emergency Contact Phone 1: _____

Emergency Contact Name 2: _____

Emergency Contact Phone 2: _____

Have you served in VBS before? What church and what age group?

Do you regularly participate in FBC Church and/or Student Ministry? Yes No For how long? _____

Have you had any previous experience working with children? Explain.

Why do you think you would make a good leader?

What would you do to help a child that is misbehaving get back on track and engaged with the class activity?

Do you have a preference concerning what age group of children you would like to work with? (Please list 1st, 2nd, and 3rd choices, and why.)

Will you need certification of your service hours for school? Yes No

Please provide a personal reference that is an adult (18 years or older) ... the can be a teacher at school or at church, a friend of the family, etc.

Name: _____ Email: _____ Phone: _____

RELEASE

Volunteer

I authorize First Baptist Church, Conroe, to contact all individuals, organizations and references listed on this Student Volunteer Application Form in order to verify the information I have provided. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as a reference, as well as contact persons from any previous volunteer or paid work.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all aspects.

Signature: _____ Date: _____

Parent

I have reviewed this application with my child and I believe all the information provided is true, correct and complete. I agree to release from liability any person or organization that provides information concerning my child, including those persons listed as references, as stated above. I am unaware of any fact or circumstance involving my child that would call into question the wisdom of entrusting my child with the supervision, guidance or care of younger children.

Signature: _____ Date: _____