

Permission for Youth to Volunteer in Children's Ministry

I give my permission for _____ to assist as a Youth Volunteer in Children's Ministry.

Last Name: _____ First Name: _____

Address: _____

Home Telephone Number: _____

Date of Birth: _____ Male: _____ Female: _____

In Case of Emergency Contact: _____ Contact Number: _____

He/She can consistently serve at the following times:

9:30 am Sunday Morning Kids Worship

6:30 pm Wednesday Bible Study

Once a Month _____ Twice a Month _____ Three Times a Month _____

9:00 am – Noon Monday-Friday Vacation Bible School

Areas of Children's Ministry they will be serving in (circle)

Assist Registration

Assist in the Nursery Department

Assist in Children's Bible Study

Assist during Special Events (VBS)

Other seasonal activities/programs

Parent's Signature _____ Date _____

Youth Signature _____ Date _____