

Please do not write in this space.

Approved by _____

Date ____/____/____



YOUNG STUDENT VOLUNTEER FORM—12 AND UNDER

The information contained in this application will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for/in Seacoast Community Church, or as required

Today's Date

Birthdate

Your Name:

Phone: _____ Email: _____

Your Address

Parents Contact Information:

Mom: _____ Dad: _____

Email: _____

Cell: _____

How long have you attended Seacoast Community Church? _____

Explain why Jesus is your savior:

Explain why you believe God has called you to serve in Children's Ministry at Seacoast:

Your Signature _____