



Volunteer Lower Division Ministry

Application Form:

Please check box: Soquel Camp Meeting Other _____

SECTION 1		Personal Information	
Name:		Email:	
Address:		Birthdate:	Preferred Phone:
City:	State:	Zip:	Division interested volunteering in:
Church Membership:		Previous camp meeting experience:	
Name of Emergency Contact: _____			
Relationship: _____		Phone: _____	
SECTION II		Health Information:	
List any injury/disability/health factor that might limit your involvement in ministry activities, or impact the health of children (i.e., communicable diseases, physical limitations).			
SECTION III		Education/Training Information	
Highest level of formal education and area(s) of study:			
Certifications(s)/license(s) held that may reflect on your skills and abilities in working with children or as a volunteer:			
Church offices held or special ministry training:			
SECTION IV		Personal References	
Name	Street Address	City/State	Phone
1. Pastor			
2. Other (not related)			
SECTION V		Statement of Applicant	
<p>The information contained in this form is current to the best of my knowledge. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered.</p> <p>I authorize any persons giving a reference or churches listed in this form to disclose information that they may have regarding my character and fitness for serving in a volunteer ministry that may involve children or youth. This is a legally binding agreement, which I have read and understand.</p> <p>Further, I have read and agree to follow the Guidelines for Volunteers and I give my consent for a voluntary criminal record check. I understand that I will be required to abide by all camp meeting and lower division regulations.</p>			
APPLICANT'S SIGNATURE: _____		Date: _____	
SECTION VI		Statement of Parent (If applicant is less than 18 years of age)	
I have read the answers provided by the applicant and certify that:			
1. Answers provided by the applicant are true and complete to the best of my knowledge.			
2. I will be present at the activity while the above named applicant is volunteering. Please check appropriate box: <input type="checkbox"/> yes <input type="checkbox"/> no			
3. Name of person responsible for this applicant during this event: _____ Phone: _____			
Signature of Parent: _____		Date: _____	
For office Use Only			
_____ Application Accepted	_____ Guidelines for Volunteers Signed	_____ Background Check Certification In	