

Gulf Coast Community Church

Children Ministry Worker Application – YOUTH

PLEASE USE INK AND PRINT.

Personal Information

Name (Last)		(First)	Middle
Phone #	Email		
Address			
City		State	ZIP

Where I Would Like to Serve

I am interested in serving in a specific area(s), please choose as many as you like.

<input type="checkbox"/> Nursery	<input type="checkbox"/> 1 & 2 year-olds	<input type="checkbox"/> Kindergarten (3 to 5 yrs.)	
<input type="checkbox"/> 1 st & 2 nd Grades	<input type="checkbox"/> 3 rd , 4 th & 5 th Grade	<input type="checkbox"/> Check In Team	<input type="checkbox"/> Breakout
<input type="checkbox"/> I'm happy to serve wherever needed!			
When can you serve?	<input type="checkbox"/> 1 st week <input type="checkbox"/> 2 nd week <input type="checkbox"/> 3 rd week <input type="checkbox"/> 4 th week	<input type="checkbox"/> 5 th Sunday (four times per year)	<input type="checkbox"/> Substitute

Sign Here

I AND MY PARENT OR LEGAL GUARDIAN HAVE CAREFULLY READ THE WORKER APPLICATION AND INFORMATION DOCUMENT. I AGREE TO OBSERVE ALL THE CHILDREN'S MINISTRY GUIDELINES PROVIDE (WRITTEN AND VERBAL).

You	Date
Your Parent or Guardian	Date

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REV 08-09-2023