



West Highland Baptist Church Youth Volunteer Application Package (Youth Ages 12-18)

Enclosed is the confidential APPLICATION PACKAGE for working with children at West Highland Baptist. The purpose of having you involved in this ministry is give you opportunity to worship God through service to Him. We want to see your faith in Jesus grow. We also want to see you discover, develop, and become confident in your God given gifts.

APPLICATION PROCESS

1. Complete the application form and questionnaire.
2. Have one reference form completed by an adult who has known you more than one year and is NOT related to you. Have the adult seal the form in the West Highland envelop provided. This form measures your leadership potential and experiences in the school and/or community.
3. Have one reference form completed by a parent or guardian. Have your parent/guardian seal the form in a West Highland envelop provided.
4. Hand in all the forms to West Highland's Director of Children's Ministry.
5. You will be asked to share about yourself with either the Director of Children's Ministry or STAR Kids leader in charge of the ministry you want to volunteer in.

REQUIREMENTS

You are at least 12 years of age or older. You have a personal faith in Jesus Christ and are able to share why Jesus is so important to you. You enjoy working with children, listen well, and respect your leaders. You have the discipline to stay focused on the children and the tasks assigned to you. You should be reliable, faithful, and teachable (willing to learn). Although you do not need to have experience serving and working with children, it is definitely a good thing.

Leadership Application Form

PERSONAL INFORMATION

Name: _____
First Last

Parent/Guardian Name(s): _____

Address: _____
Street City Postal Code

Phone: (home) _____ (cell) _____ (work) _____

E-mail Address: _____ Date of Birth: _____ Grade _____

MINISTRY INFORMATION

Circle the specific Children's Ministry you are most interested in volunteering at West Highland:
SUNDAY 9 a.m. **SUNDAY 11 a.m.** **QUEST (mid-week)** **TREC (Sunday p.m.)**

Circle the age group of children you are most interested in serving:
Nursery (0-2 yrs) **Toddler (2-3 yrs)** **JK/SK (4-5 yrs)** **Primary (Gr. 1-4)** **Junior (Gr. 5-6)**

Have you taken a babysitting course? If so, when? _____

Have you taken Emergency First Aid and/or CPR? If so, what level and when? _____

List any additional training, workshops or courses you have taken that is relevant to childcare and/or children's ministry? Please share what skills you learned during this training? _____

List any experience you have had working with children either at home, work, church, or school. What were the ages of the children and what did you do? _____

List all churches you regularly attended within the last 5 years.

Church	Address	Phone	#years attended

Reviewed by: _____ Date: _____

Leadership Questionnaire

Name: _____

Questions are to be completed by the Leadership Applicant:

(if additional space is needed, please use the back of page or additional paper)

Have you previously volunteered in STAR Kids ministries at West Highland? If so, what year(s) did you volunteer? In what program? What did you do?

Why do you want to be a STAR Kids leader?

What strengths or skills do you have that will help you be a good leader?

What do you hope to learn from participating in STAR Kids ministries as a leader?

CONFIDENTIAL INFORMATION

The information provided in this application form will be held in strictest confidence and used only to help provide a secure environment for children in our care.

1. Have you ever got in trouble with the police or been committed a criminal offence? YES NO
2. I agree to share in the future should there be any change to my answer in the first question. YES NO

APPLICANT STATEMENT AND RELEASE OF INFORMATION

I have honestly filled out this application form to the best of my knowledge. I give West Highland leaders permission to contact the people who completed a reference form for me and determine whether I would be a good volunteer for the children's ministry at the church.

Signature: _____ Date: _____

Name (Please print): _____

Adult Reference Form

The following is a recommendation for _____ who is applying to work with children at West Highland Baptist Church.
Youth Applicant's Name

This form is due by: _____ To the attention of: _____
Date Name of Children's Ministry Leader

Your Name: _____ Occupation: _____

Relationship to the Applicant: _____

If you are the youth applicant's current teacher, please include a school name and phone number:

Length of Time You have Known the Youth Applicant: _____

Phone Number We Can Contact You: (_____) _____ - _____ Is it a Home or Work Number? _____

Convenient Day of the Week and Time of Day to be Contacted: _____

Do you recommend this youth applicant for working with children ages 0-11 years of age in the context of church ministry? If so, why?

What skills and abilities do you feel they could use some mentoring and coaching in to improve?

Please check the traits you consider characteristic of this applicant. Then circle five adjectives you feel describe the applicant's greatest strengths. Feel free to elaborate on any trait or any concern that would be helpful for the purpose of selecting this child for the STAR Kids Leadership Volunteer program. Keep in mind that we are looking for children who complement each other when forming program delegations. There is not set profile of a "typical" or "ideal" youth delegate.

- | | | | | | |
|---|--|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> mature | <input type="checkbox"/> independent | <input type="checkbox"/> responsible | <input type="checkbox"/> expressive | <input type="checkbox"/> accepting | <input type="checkbox"/> discerning |
| <input type="checkbox"/> shows initiative | <input type="checkbox"/> optimistic | <input type="checkbox"/> pessimistic | <input type="checkbox"/> responsive | <input type="checkbox"/> cooperative | <input type="checkbox"/> cautious |
| <input type="checkbox"/> curious | <input type="checkbox"/> attentive | <input type="checkbox"/> practical | <input type="checkbox"/> helpful | <input type="checkbox"/> participates | <input type="checkbox"/> needs coaxing |
| <input type="checkbox"/> caring | <input type="checkbox"/> spontaneous | <input type="checkbox"/> reticent | <input type="checkbox"/> open-minded | <input type="checkbox"/> respects adults | <input type="checkbox"/> respects peers |
| <input type="checkbox"/> follower | <input type="checkbox"/> leader | <input type="checkbox"/> team player | <input type="checkbox"/> fair-minded | <input type="checkbox"/> organized | <input type="checkbox"/> dependent |
| <input type="checkbox"/> creative | <input type="checkbox"/> quiet | <input type="checkbox"/> secure | <input type="checkbox"/> vivacious | <input type="checkbox"/> sensitive | <input type="checkbox"/> forgetful |
| <input type="checkbox"/> introspective | <input type="checkbox"/> friendly | <input type="checkbox"/> articulate | <input type="checkbox"/> accepted | <input type="checkbox"/> unusual | <input type="checkbox"/> sincere |
| <input type="checkbox"/> healthy | <input type="checkbox"/> confident | <input type="checkbox"/> tolerant | <input type="checkbox"/> compromiser | <input type="checkbox"/> intense | <input type="checkbox"/> mild-mannered |
| <input type="checkbox"/> patient | <input type="checkbox"/> hurried | <input type="checkbox"/> studious | <input type="checkbox"/> motivated | <input type="checkbox"/> disrespectful | <input type="checkbox"/> athletic |
| <input type="checkbox"/> artistic | <input type="checkbox"/> outgoing | <input type="checkbox"/> inward | <input type="checkbox"/> intolerant | <input type="checkbox"/> flexible | <input type="checkbox"/> follows direction |
| <input type="checkbox"/> fun | <input type="checkbox"/> conscientious | <input type="checkbox"/> shares | <input type="checkbox"/> talkative | <input type="checkbox"/> adventurous | <input type="checkbox"/> _____ |

Parental/Guardian Reference Form

FOR YOUR CHILD'S APPLICATION TO BE CONSIDERED
ALL REQUESTED INFORMATION MUST BE PROVIDED
(Health Card # and emergency contact information must also be completed)

The following is a recommendation for your child _____ who is
applying to work with children at West Highland Baptist Church. *Name*

This form is due by: _____ To the attention of: _____
Date *Name of Children's Ministry Leader*

Your Name: _____ Relationship to the Applicant: _____

Phone Number We Can Contact You: (____) ____ - _____ Is it a Home or Work Number? _____

Convenient Day of the Week and Time of Day to be Contacted: _____

*In case of Emergency Contact: _____

at phone number (____) ____ - _____ Ontario Healthcare Number _____

Do you feel your child is mature enough (both emotionally and spiritually) to work with children ages 0-11 years of age in the context of church ministry? If so, why?

What skills and abilities do you feel they could use some mentoring and coaching in to improve? How does your child show that they respect you?

Please check the traits you consider characteristic of your child. Then circle five adjectives you feel describe his/her greatest strengths. Feel free to elaborate on any trait or concern that would be helpful for the purpose of selecting this child for volunteering in children's ministry. Keep in mind that we are looking for youth who complement each other when forming program delegations. There is not set profile of a "typical" or "ideal" youth delegate.

- | | | | | | |
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