	OFFICE USE ONL	Y
Date Received:	Recommended:	Not Recommended:
Recommended with Conditions	s Noted:	
Conference Children's/Youth M	linistries Director Signature:	Date Approved:

## CHILDREN'S/YOUTH MINISTRIES STAFF VOLUNTEER SERVICE INFORMATION FORM

SECTION I				GENERAL INF	ORN	IATIO	1
Name:			Birthdate:				
Street	City	State/Pi	rovince		Zip/Po	ostal Coo	le
Address:					(0)		
Home Phone:	Work Phone:		Pathfinders Sal	bbath School VBS	6 (Circ	le One)	
Church		Division:		deciste a group where we want to be a second			
Marital Status (circle one): Married	Single Divorced	Separated	Name of Spouse	::		and a second	
Children's Names: 1.			Children's Birthd	lays (month, date,	year)		
2.							
3.		en des contes en seu en					
4.		1				S.S. States and a second second	_
Other areas of children's work:		Where?		When?			
				HEAL	тн н	ISTOR	Y
SECTION II				which can be a series of the s			
SECTION II Do you now have or have you had any in	ijury/sickness that might	limit your involveme	nt in Children's/You	uth Ministries activi	ties?	Yes	No
	njury/sickness that might	limit your involveme	nt in Children's/You	uth Ministries activi	ties?	Yes	
Do you now have or have you had any in If yes, how would it hinder:	njury/sickness that might	limit your involveme		uth Ministries activi			Vo
Do you now have or have you had any in If yes, how would it hinder: SECTION III	njury/sickness that might						No
Do you now have or have you had any in If yes, how would it hinder: <b>SECTION III</b> Highest level of education:	njury/sickness that might	Degree/diploma h	neld:				No
Do you now have or have you had any in If yes, how would it hinder: SECTION III Highest level of education: Year degree/diploma received:	njury/sickness that might		neld:	EDUCATIONA	LRE	CORD	No S
Do you now have or have you had any in If yes, how would it hinder: SECTION III Highest level of education: Year degree/diploma received: SECTION IV		Degree/diploma h College major/min	neld: nor:	EDUCATIONA	L RE	CORD	No S
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Date:	Place		and the support of the supervision of the supervisi		
Type of Conduct:					
Please give the name &	address of a reference/	professional who can verify	that you are now suitabl	e for Children's/Yo	outh Ministry wo
Name of Reference	Street	City	State/Province	Zip/Postal Code	Phone Numbe
ECTION VII					REFERE
Please list below three in	ndividuals who you give	Central California Conferer	nce or its agents permission	on to contact regar	rding your appl
Name Pastor	Street	City	State/Province	Zip/Postal Code	Phone Numbe
Other					
Other					
SECTION VIII		f my recollection. I unders for services and time volur		STATEMENT be verified and this	
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