

PBC Youth Ministry Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

☐ Weekday mornings ☐ Weekend mornings
☐ Weekday afternoons ☐ Weekend afternoons
☐ Weekday evenings ☐ Weekend evenings

Interests (Please indicate preference by listing 1-4)

☐ I would like to speak to someone regarding the youth ministry opportunities
☐ Weds. Night Youth Group – Volunteers interested in leading or assisting in various capacities
☐ Sunday Bible Study - Volunteers interested in teaching the Bible on Sunday mornings
☐ Small Groups - Volunteers interested in sharing life with students in a home group

Things You Like to Do that Might Be a Skill

Summarize special skills/interests you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

OVER ----->

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail Address	

Agreement and Signature (Please Read Carefully)

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that I will need to complete the Parkwood Volunteer Training and a criminal background check. I agree to attend a bi-monthly prayer gathering for Youth Workers as well as attend the annual Youth Worker Retreat.

Name (printed)	
Signature	
Date	

PLEASE RETURN TO:

Parkwood Baptist Church
ATTN: Youth Ministry Department
8726 Braddock Road
Annandale VA 22003

(Drop off in church office or by mail)

Email to: youthministry@parkwood.org