

Journey Children's Ministry  
Under 18 Volunteer Application



Name	Date
Birthday	Address
Home Phone & Cell Phone	E-mail

The Tough Questions :

Yes / No

Do your parent(s) support your involvement in ministry at Journey?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a reliable source of transportation that will allow you to keep your commitment to serve at BASE camp?	<input type="checkbox"/>	<input type="checkbox"/>
Are you free of drugs and alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been treated for any psychological disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other fact or circumstance involving you or your background that would call into question your being trusted to help care for children? If yes, please explain on back.	<input type="checkbox"/>	<input type="checkbox"/>

The Easy Questions:

Favorite Color	Favorite Sport
Favorite Computer Game	Hobbies
Special Interests	Special Talents
I love...(serious or funny)	I hate...(serious or funny)

I have done my best to tell the truth in this application. \_\_\_\_\_

*Your Signature Here*

\_\_\_\_\_  
*Parent/Guardian Signature Here*