



# Junior Helper/Student Leader Volunteer Application

----- CONFIDENTIAL -----

**Junior Helper** *(4th grade and under if serving with parent)*

**Student Leader** *(5th grade to age 17)*

**We are so pleased that you are interested in serving as a volunteer in Vineyard Kids.**

Your staff leader (see list below) will help you complete the following to get started:

- Fill out the attached application.
- Training for the age group for which you will serve.
- A parent or guardian must review and sign off on all training documents with you.

Once your training is completed, you will receive your ministry t-shirt and a photo I.D. badge.

You can pick from the following teams on which to serve.

## Children's Ministry Departments

**Nursery**  
(Infants - 2 yrs.)

**Early Childhood**  
(Ages 3-5,  
Kindergarten)

**Elementary**  
(Grades 1-5)

**Welcome & Security**  
(All ages / grades)

# Junior Helper/Student Leader Application

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**Junior Helper**  
*(4th grade and under if serving with parent)*

**Student Leader** *(5th grade-age 17)*

Please complete and return to a Children's Ministry staff member.

Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Which service do you attend? 5:30 9:30 11:30

Address: \_\_\_\_\_  
street city state zip code

Parent/Guardian Phone number: \_\_\_\_\_ Additional Cell Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Area of Interest (check one)

Nursery (Infants – 2 yrs.)  Early Childhood (Age 3-5, K)  Elementary (Grades 1-5)

## I am interested in helping at the following services (Arrive 30 minutes before)

Sunday 9:30  Sunday 11:30

## Personal Reference (must be 18 years or older and not a relative):

### Reference #1

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Length of time known: \_\_\_\_\_

### Reference #2

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Length of time known: \_\_\_\_\_

I understand that this application is only part of my preparation for serving in Children's Ministry. I agree to complete all required training. The above information is accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
street city state zip code

Phone & Email (if different): \_\_\_\_\_

I, as a parent/legal guardian, I understand and agree to support my child as they become a Vineyard Kids volunteer by assisting them and committing to helping them complete all required training. I understand that the commitment they make must be regular and they will follow all guidelines for absences.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete and return to a Vineyard Kids staff member.**

