



Youth Serve Application

“And the child grew and became strong in spirit” Luke 1:80

Our goal is to aid in children’s spiritual growth, which is of eternal importance. This application *must* be completed by the parent or guardian, *not* the youth applicant.

Youth Applicant’s Name: _____

Parent/Guardian’s Name: _____

Parent/Guardian’s Primary Phone: (____)____-____

Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Parent Cell Phone:(____)____-____ Youth Cell Phone:(____)____-____

Email Address: _____

Youth’s Date of Birth: ___/___/___

School: _____

Grade: _____

When did the applicant accept Jesus as Lord and Savior? _____

Has the applicant been water baptized? Yes No

Is the applicant a member of Summit Church? Yes No

Please list the name(s) and address(es) of other churches the applicant has attended regularly in the past five years:

Please list the applicant’s previous serve/ministry experience: _____

Does the applicant believe...

Yes No

- That Jesus is God and was born of a virgin?
- That Jesus is God’s Son and the only sacrifice for sin?
- That Jesus rose bodily from the grave?
- That the Holy Bible is accurate and without fault?
- That the only way to have eternal life with God the Father is through a relationship with Jesus Christ?

Preferred Age Group: *(Please check two)*

- Babies (6 weeks–24 months)
- Sr.Elementary (2nd grade–6th grade)
- Preschool (2 years–4 years)
- Preteens (5th grade–6th grade, Wednesdays only)
- Jr.Elementary (5 years–1st grade)

To serve in Preschool–Jr.Elementary you must be in 7th grade or above. To serve in Babies or Sr.Elementary you must be in 9th grade or above.

Information Disclosure and Consent

Has applicant ever been convicted of a criminal offense (excluding minor traffic violations)?

Yes No If yes, please explain: _____

Does applicant have any physical limitations or conditions that would prevent them from performing certain types of activities relating to the Children’s Ministry?

Yes No If yes, please explain: _____

Has he/she had any treatment for emotional or mental issues? Treatment: Yes No Completed Ongoing

If yes, please explain: _____

Has he/she ever tested positive for HIV or the AIDS virus? Yes No

If yes, please explain: _____

Does he/she currently use tobacco, drink alcohol or engage in drug use? Yes No

If yes, please explain: _____

I have read this application with my youth. I am in full agreement and will do my best to see that he/she fulfills the department’s requirements. I attest to the truth of all answers, and that I have filled out the application personally.

Parent/Guardian Signature: _____ Date: _____

I have read, understand, and agree to maintain good behavior, faithfulness, and commitment to the Lord Jesus Christ at all times. I understand I am a role model in the classroom. If at any time I am unable to keep these guidelines I will inform the Summit KidsLife Director.

Applicant’s Signature: _____ Date: _____

*Please complete the entire application and return it to Leslie Thompson, Summit KidsLife Director.
Thank you for your heart to serve!*

Office use only:

Received date: _____ Approved by: _____

Comments: _____