

New Hope United Methodist Church  
2022-2023 Children & Youth Ministry Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Circle the ministry area(s) in which you would like to volunteer:

Nursery

Children's Sunday School

Youth Sunday School

Youth Group

Briefly list your gifts and skills for this ministry:

Please list three personal references (people who are not related to you by blood or marriage) and provide an email address and phone number for each. References are confidential.

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date