



Poolesville Baptist Church

Student Volunteer Application

Name _____ Date _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____

Areas of Volunteer Interest check all that apply:

- Little Lights Helper Fall Festival VBS Summer Soccer Camp Music & Arts Camp
 Easter Egg Hunt Poolesville Day Other childcare Youth Worship Team
 Other _____

Are you a member of PBC? Yes No For How long? _____

Please list former places of worship where you have been a member or attended please include dates of attendance:

Please provide two adult character references, **one from PBC** and one additional (both should be from outside your family)

Name _____ Relationship _____

Phone Number _____ Email Address _____

Name _____ Relationship _____

Phone Number _____ Email Address _____

(OVER →)

We may contact your Guidance Counselor for a reference. Please provide their name and telephone.

Guidance Counselor Name

Phone Number

Have you ever been convicted of or investigated regarding a crime other than a minor traffic violation?

No___ Yes___

If yes, describe when it occurred, the facts and circumstances, and any factors pertaining to rehabilitation.

Student Signature

Date

Parent/Guardian Signature

Date

Application requires parent's/guardian's signature.