

**University Carillon United Methodist Church
Youth Ministry Leadership Application**

This application is to be completed by all applicants for any position in the youth ministry of UCUMC.
All applicants must also sign and agree to the Leader Contract.

Date _____

Male () Female () Full Name _____

E-mail _____ Social Security # _____ T-Shirt Size _____

Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

Date of Birth _____ Place of Birth _____ Cell Phone (____) _____

Drivers License # _____ Marital Status _____ Number of Children _____

Present Employer _____ Position _____

How long employed? _____ Work Phone (____) _____ Ext _____

Do you attend University Carillon church services? _____

If not, where do you attend church? _____

Briefly describe how you became a Christian. _____

Do you believe that Jesus is the Son of God and the only sacrifice for sin; that each person must be born again to receive eternal life; that Jesus bodily rose from the dead; and that the Holy Spirit is given as a seal of our redemption and is our ever-present Helper as we walk and live by faith in Christ Jesus? _____

Initials

List any gifts, callings, training, education or other experiences that have prepared you for leadership:

Do you smoke? Yes () No () Use illegal drugs? Yes () No () Drink? Yes () No () How often? _____

Have you been accused, charged, or alleged to have committed any act of neglect, abuse or molestation against a minor? If yes, explain in detail, providing date and place of incident:

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to youth work? () Yes () No If Yes, please explain:

Why do you want to volunteer with the University Carillon youth ministry?

INDICATE AREAS OF INTEREST

Response Team (6 mo. Prior) Production Usher Registration
 Café Water Bar Activity Complex Office Tech

WHEN ARE YOU AVAILABLE TO WORK?

Once a month Twice a month Three times a month Four times a month

Name of individual you need to work with: _____

Additional Information: _____

PERSONAL REFERENCES

List two people you have known for at least one year, who are not related to you and have definite knowledge of your character and qualifications to work with youth.

1. University Carillon regular attendee:

Name _____ Nature of Association _____

Address _____

City/State/Zip _____ Phone _____

Length of time known _____ Occupation _____

2. Employer or fellow employee:

Name _____ Nature of Association _____

Address _____

City/State/Zip _____ Phone _____

Length of time known _____ Occupation _____

APPLICANT'S STATEMENT

This information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application and any government agencies to give you any information they may have regarding my character and fitness for work with youth. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect the references provided on my behalf. All information provided will be kept confidential.

Applicant's Signature

Date