

STUDENT HELPER APPLICATION – 2010/2011
TO BE COMPLETED ON A YEARLY BASIS

(Please print neatly and complete both sides)

Name _____ Date of Application _____

Mailing Address _____ City _____ ZIP _____

Telephone _____ Age _____ Birth date _____

Year in School _____ School you attend _____

PLEASE NOTE: IF you desire to serve with children under the age of 2, you must have proof of **ONE** of the following:

1. Successful completion of a Certified Childcare/Babysitting Class (attach a copy of your certificate) **OR**
2. A letter stating your capabilities in caring for children under 2 years of age (attach a signed letter written by an adult, other than your parent, that you have done babysitting for).

How long have you been attending First Baptist Church of Geneva? _____

What experiences have you had working with children? _____

Why do you want to be a student helper at First Baptist? _____

Two references are required for each Student Helper. Please give name, addresses and phone numbers of two adults (not a relative of yours) who can recommend you for helping with children.

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Nature of association _____

Nature of association _____

E-mail address _____

E-mail address _____

Student signature

(over)

Parents:

Please review and discuss the below expectations that pertain to your youth as he/she serves children in their assigned role.

1. Arrive on time and advise their Department Coordinator when not able to attend.
2. Attend required meetings.
3. Be teachable and respectful to First Baptist leadership.
4. Be a shining example of Jesus' love toward children.
5. Be a team player.
6. Strive to live the Christian life as set forth in God's Word.

Children's Ministries realizes that youth experience many changes as a normal part of maturing and exposure to a variety of circumstances. If at anytime throughout the year, you have concerns that your youth will not be able to exemplify these guidelines, please contact the Director of Children's Ministries.

I, _____, parent of _____, have read and discussed with my youth the above listed guidelines.

I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for helping with children/youth. I release all such references from any liability for furnishing such evaluations to you. I waive any right that I may have to inspect references provided on my behalf.

Parent's full name _____

Address _____ City _____ ZIP _____

Phone _____ E-mail _____

_____ Yes, you may contact my youth through his/her e-mail: _____

_____ No, please e-mail contact through my e-mail.

Parent signature