

LEWISVILLE UNITED METHODIST CHURCH
Teen Volunteer Application for Children & Family Ministry

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____

Birthdate: _____ Gender: _____ Current Grade in School: _____

Address: _____ City & State _____ Zip code _____

Best phone number to call: _____ Best number to text: _____

E-mail Address: _____

Preferred method of being contacted? Phone call _____ Text _____ E-mail _____ Does not matter _____

How long have you been actively attending Lewisville United Methodist Church? _____

AVAILABILITY (Check all that apply.)

- ☐ I am available Sunday mornings. ☐ I am available Sunday evenings.
☐ I am available for future summer camps. ☐ I am available weekday evenings.
☐ I can complete tasks during the week, such as preparing crafts, making copies, etc.

Program(s) for which you are interested in applying for: _____

Will you be turning in hours for community service hours and need staff to sign a form? _____

What school do you attend? _____

What experience have you had with children? _____

Thank you for applying! We will be in touch soon and look forward to meeting with you.