



**Please print clearly in ink and FAX to 972 572 8335
or mail this application to the address on the form**

DATE OF EVENT _____ FACILITY _____

FULL LEGAL NAME _____

PREFERRED NAME _____

.....
FIRST TIME VOLUNTEERS COMPLETE THE FOLLOWING:

DRIVERS LICENSE # _____ SS# _____

GENDER M F DATE OF BIRTH _____

RACE _____ DATE ATTENDED TRAINING _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

PREFERRED CONTACT: H PHONE W PHONE EMAIL CELL

DO YOU SPEAK SPANISH? YES NO

WHEN DID YOU BECOME A CHRISTIAN? (year) _____

CHURCH NAME _____

INFORMATION FOR VOLUNTEERS

- 1. I will follow the instructions of Youth Direct Staff.**
- 2. I will remain in assigned area of facility.**
- 3. I will not give or take any item from a youth.**
- 4. I will only use materials supplied.**
- 5. I will bring a small bible with me.**
- 6. I believe youth (by faith) must trust Christ for salvation.**
- 7. I will share and listen but not preach to youth.**
- 8. I will encourage youth to daily pray and read the bible.**
- 9. I will dress appropriately.**

Signature

Date