



Grace Baptist Church 2016 – 2017 Adult Volunteer Enrollment Form

Name: _____

Date of Birth: (mm/dd/year) _____ Gender: _____ Shirt Size: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact Name and Phone: _____

Grace Baptist Church Member: yes no If no, where: _____

AWANA Service History

Club (i.e. Sparks)	Role (i.e. Leader)	Dates	Church

AWANA Training History (i.e. Completed Cubbies Basic Training, Fall 2005)

Service Opportunities

Please circle all ages with which you are interested in working.

Puggles (2 to 3 yrs old)	Cubbies (3 and 4 yr olds)	Sparks (K-2 grades)
T&T (3-5 grades)	Trek (6-8 grades)	Journey (9-12 grades)

Please circle any roles in which you are interested.

Club Director	Leading Large Group Time	Secretary	Listener
Game Director	Game Helper	Store Helper	
Other: _____			

Terms and Conditions:

1. I must complete a national background check and GBC Application for Ministry prior to volunteering.
2. I have read and agree with the Grace Baptist Church Statement of Faith.

I have read and agree to the terms and conditions stated above.

Volunteer Signature

Date

For Office Use:

Club: _____ Role: _____

Background Check Complete date: _____

Ministry Application Date: _____

AWANA Training Complete _____

Email: _____