



Legacy United Methodist Church
Student Ministry Volunteer Information

Date _____

Name _____ MALE / FEMALE

Birthdate _____ Are you a current church member? _____

Address _____

City/State/Zip _____

HOME / CELL Phone _____ Work Phone _____

Email _____

Best way and time to contact you _____

Occupation _____

Where Employed _____

What age group do you prefer to work with?

- Middle School High School Not directly with students

At what time do you prefer to serve?

- Wednesday Nights Service Events Out-of-Town Trips Behind the Scenes

References

***Please provide information of three people who know you well.**

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Why do you want to volunteer in Legacy Student Ministry?

What are some of your gifts or strengths to be used in student ministry?

Legacy Student Ministry Mission Statement

***Equipping families** to develop lifelong followers of Jesus who **worship** corporately, **grow** as disciples together, and **serve** always.*

Equip Families: As leaders we strive to partner with parents in praying for their students. Encourage students to share what they are learning with their parents. Be intentional to communicate with parents and build trusting relationships.

Worship: Regularly attend worship on Sundays with your own family. Take part in the worship time on Wednesdays. If you are worshipping with students, encourage them to participate fully.

Grow: Spend time reading the Bible and praying. Be an example of what it means to be a follower of Jesus to our students. Give regularly; be a tither. Encourage students to give also. Share your own experience. Tell students your personal stories of faith when they apply to the lesson. Don't be afraid to admit you don't know the answer; suggest you find out the answer together.

Serve: Be dedicated to our ministry. Arrive early. Greet everyone with a smile. Be prepared for whatever you are doing that day. Show our students that they are a priority for you.

By signing this form, I am committing to the mission statement of Legacy Student Ministry, as stated above. I certify that all information provided in this application is true and complete.

Signature _____ Date _____