

## VOLUNTEER BACKGROUND SCREEING FORM (STUDENT)

Date: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)øName(s): \_\_\_\_\_

Parent(s)øPhone Number(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### OPTIONAL QUESTION:

If you have a medical condition that might require emergency attention, please list condition and emergency contact with phone number:

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Please check the ministry area you are planning to work with:

#### Sunday Congregation:

- Early Childhood
- K-2 Town
- Highway 34
- Fifty6
- NES
- Senior High

#### Saturday Congregation:

- Early Childhood
- SNiK 123
- Flight 456
- Outfitters
- TREK

#### Friday Congregation:

Celebrate Recovery (Friday)

#### Kidø TIME

- Womenø Ministry (Tuesdays and Wednesdays)
- Adventureland (Mondays and Thursdays)

1. Please list two adult references, one from Fellowship Bible Church of Northwest Arkansas, who are not relatives with phone numbers for each below:

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2. What specific age or ministry would you prefer to work with? \_\_\_\_\_
3. For ministries on Sundays and Saturdays, what hour do you plan to serve? \_\_\_\_\_
4. Are you actively participating in a Fellowship small group for your age group?  Yes  No
5. If so, who is your small group leader? \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Ministry staff member who received this form: \_\_\_\_\_

Ministry area placement: \_\_\_\_\_

Training completed on: \_\_\_\_\_

Additional information: \_\_\_\_\_

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Updated July 29, 2008; MLH