

Safe Sanctuaries Teen Helper Application

Linglestown Life: A United Methodist Church

1430 N. Mountain Rd. Harrisburg PA 17112-1217

Phone 717-545-5200 FAX: 717-651-5038

A Teen Helper is defined as a person ages 14-17 not counted in the two-adult rule. Teen helpers do not provide discipline, change diapers or take a child to the bathroom. They are never left alone with children or are in charge of children.

Personal Information

Name _____

Present Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone _____

Why would you like to volunteer as a helper with children?

Church Activity

Have you attended Linglestown Life more than 6 months? ____ YES ____ NO

List other churches you have attended or been affiliated with.

Church Name	Address	Phone	Dates attended (Month/years)

List any volunteer experience with children:

Organization	Address	Type of Work Performed	Month/year of Service

Helper Agreement

Linglestown Life UMC reserves the right to deny or accept any application. Should my application be accepted, I agree to be bound by the policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

_____ Signature _____ Date
_____ Printed Name

(over)

Parental Agreement

I know of no reason why my child should not work with children/youth at Linglestown Life UMC. I am in agreement that my child may apply to be a Teen helper. If accepted, I give my permission for my child to be a Teen Helper and serve at Linglestown Life UMC.

Signature _____ Date _____ Printed Name _____

Present Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone _____

(For office use only)

Interview Date _____ Interviewed by _____

Applicant approved _____ YES _____ NO Date _____

Applicant notified of acceptance/denial Date _____

Form date 3-18