

# NEW PALTZ UNITED METHODIST CHURCH TEEN VOLUNTEER FORM

This form is to be completed by all teens ages 14 to 17 interested in volunteering for any position involving the supervision or care of minors. Teens will be at least 5 years older than the children they will be working with. At least two adults will also be present at all activities that teens volunteer in.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

I understand that, in serving as a volunteer for the New Paltz United Methodist Church, I am willing to abide by the church's *Safe Sanctuaries Policy*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I give my child permission to serve as a volunteer for the church.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date