

EPC Youth Volunteer Form

For Adults 18 and over

NAME:	
ADDRESS:	
HOME PHONE:	
CELL PHONE:	
EMAIL:	
OCCUPATION:	
PLACE OF EMPLOYMENT:	
EMERGENCY CONTACT:	
EM PHONE:	
CPR CERTIFICATION: if yes include exp date	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL TRAINING: if yes include type	<input type="checkbox"/> Yes <input type="checkbox"/> No
MARITAL STATUS:	<input type="checkbox"/> Married (list name of spouse) <input type="checkbox"/> Single
CHILDREN: include ages with names	
MEMBERSHIP:	<input type="checkbox"/> Member of EPC <input type="checkbox"/> Regular attender of EPC
ADDITIONAL QUESTIONS:	<input type="checkbox"/> Have you ever attended any type of training courses focused on Child Care and or Children's Ministry education? <input type="checkbox"/> Would you be willing to attend training courses offered by EPC?
SIGNATURE:	
DATE:	