



**STUDENT ENGAGEMENT FORM**

**Volunteer Enrollment Form**

PO Box 486, Burlington, WA 98233  
360.757.1337 - [www.yd.org](http://www.yd.org)

Date: \_\_\_\_\_ Volunteer Location: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Initial Last

Mailing Address: \_\_\_\_\_  
Street/Box # City State Zip

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: (e.g. spouse, parent) \_\_\_\_\_

Local Church: \_\_\_\_\_ Number of years at church: \_\_\_\_\_

How did you learn about the volunteer opportunities at Youth Dynamics? \_\_\_\_\_

What strengths, gifts, and abilities do you feel you have that would be helpful in this ministry? \_\_\_\_\_

What is motivating you to apply to volunteer at this time? \_\_\_\_\_

Indicate the days and times you are available in the appropriate box below:

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun

Hours available per week:  1-5  5-10  Other: \_\_\_\_\_  One-Time/Special Event

References: (list 2 non-relative references – employer, friend, neighbor, co-worker, pastor, etc.)

1 Name, phone # \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

1 Name, phone # \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Please check any program areas that you have skills or interest in:

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<input type="checkbox"/> High School Ministry	<input type="checkbox"/> Assist with transportation	<input type="checkbox"/> Lead a bible study group
<input type="checkbox"/> Middle School Ministry	<input type="checkbox"/> Prayer Partner	<input type="checkbox"/> Mentoring & Small Group Facilitation
<input type="checkbox"/> Young Adult Ministry	<input type="checkbox"/> Event Help (e.g. fundraisers)	<input type="checkbox"/> Lead worship
<input type="checkbox"/> Advisory Committee	<input type="checkbox"/> Assist in adventure activities	<input type="checkbox"/> Other:

Please list any additional degrees, certifications, and/or trainings: \_\_\_\_\_

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When and how did you become a Christian? \_\_\_\_\_

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What previous experience do you have working with youth, especially with respect to evangelism and discipleship? How would you describe your effectiveness? \_\_\_\_\_

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What do you feel are your personal weaknesses and areas of struggle related to ministry? \_\_\_\_\_

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What experience do you have (if any) with adventures offered through Youth Dynamics? \_\_\_\_\_

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If more space is needed to write, please attach additional pages.

**BACKGROUND CHECK INFORMATION:** Completion of a background check is standard procedure for all Youth Dynamics volunteers. A criminal record does not necessarily exclude applicants from participating in a volunteer opportunity.

Please provide the following information required for the Washington Access to Criminal History’s Criminal Background Disclosure Form:  Female  Male

**Have you ever been convicted of a crime other than a minor traffic violation?**  Yes  No

**If yes, please explain:** \_\_\_\_\_

**OPTIONAL Demographic Information:** This section is optional. Please help us understand who our volunteers are, OR if you prefer not to answer, skip to next section.

**Please check all that apply.**

<input type="checkbox"/> I am a former student	<input type="checkbox"/> I am a former staff	<input type="checkbox"/> I am a former volunteer
<input type="checkbox"/> I am a current donor	<input type="checkbox"/> I am a parent of a former student/staff	<input type="checkbox"/> Other: _____

**VOLUNTEER AUTHORIZATION**

*Please read the following statements. Initial each section using the line to the left of the heading name, and sign and date your full name on the signature line at the end.*

\_\_\_\_\_ **Authorization to Investigate:** I authorize Youth Dynamics to verify all information contained in this application. I certify that all statements are true and complete to the best of my knowledge and I understand that to knowingly misrepresent and/or omit facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal. I will also indemnify Youth Dynamics against any liability, which might result from making such investigation.

\_\_\_\_\_ **Tracking Time:** All registered and active volunteers and interns will document their time in accordance with Youth Dynamics policy and procedure for L & I purposes.

\_\_\_\_\_ **Photo Release:** I hereby authorize the use of my images, stories, and quotes for future Youth Dynamics publications and productions on behalf of Youth Dynamics. I do so with the understanding that I will not receive any form of compensation for these uses. Such publications and productions may be designed to raise awareness about the ministry and its programs, to raise money and in-kind donations, as well as recruit volunteer assistance to support Youth Dynamics’ programs. The publicity includes, but is not limited to: 1) Articles in publications, and displays, such as newsletters, brochures, social media sites, annual reports, exhibit, etc. 2) Mailings sent to Youth Dynamics constituents and to the general public. 3) Media publicity and productions, including television, radio, and newspapers.

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|--|---|
| <input type="checkbox"/> Check here to opt out of publication of my photo. | <input type="checkbox"/> Check here to opt out of our e-mail list.    |
| <input type="checkbox"/> Check here to opt out of publication of my name.  | <input type="checkbox"/> Check here to opt out of our snail-mail list |

**Volunteer Acceptance Statement**

I have read and understand the above statements as it pertains to my volunteer experience with Youth Dynamics. By signing I hereby agree to abide by the statements listed above as well as all policies and procedures set forth by Youth Dynamics, such as confidentiality to privileged information. I understand that Youth Dynamics may terminate its relationship for any reason deemed appropriate by the organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Organizational Use Only

Area Placement: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duration of Placement: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

L&I Needed?  Yes  No

**Please check the following items/tasks that were completed:**

- Volunteer Acceptance Statement signed
- Criminal Background Disclosure Form
- Criminal background check completed
- Volunteer information logged in database

Name of Staff Reviewing Application: \_\_\_\_\_

Today's Date: \_\_\_\_\_

