

YOUTH MINISTRY APPLICATION FORM

SG05-ACH

CONFIDENTIAL

(See Sections 2 (b) (i) & 2 (b) (ii) of Safeguarding Children Policy and Procedures)

Parish / Church area:

Name: _____

Address: _____

Date of Birth: _____

I wish to apply to serve as (name ministry here)

I understand that becoming a member of the parish _____ group

**is very important and I accept that I must follow the rules as have been explained to me.
I understand that if I fail to keep these rules my participation may be withdrawn.**

Signed: _____

Date: _____