

## Grace Kids Junior Helper Application

Date	
Name	
Birthdate	
Address	
City	
Cell Phone (personal or parent)	
email address (personal or parent)	
Describe in your own words v	vhy you want to volunteer in Grace Kids:
In your own words: What is the gospel?	
The state of the goopen.	
Are one or both of your paren	its partners in Grace Saskatoon?

Obtain the signature of your Gospel Community Leader who would recommend you for participation in Grace Kids
Gospel Community:
Signature:
Date:
Please read over this agreement and sign to indicate your agreement to the terms:
<ol> <li>I agree to submit to the leadership of the adult volunteers and leaders in Grace Kids who I serve with</li> <li>I agree to communicate any concerns or questions I have to the Grace Kids leaders or other adult within the program who can help me to address them.</li> <li>I agree to review the Grace Kids Handbook with my parent(s) and to follow al the parts that apply to me as a Junior Helper.</li> </ol>
Signature of Applicant
Date:
Signature of Parent:
Date: