

Area Youth Ministry Group Volunteer Application Form

Church/Organization Name: _____
Name of Group (if applicable): _____
Contact Name and Position: _____
Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____

Has your group done volunteer work before and if so, where? _____

How did you hear about Area Youth Ministry? _____

Why do you want this group to volunteer at AYM? What do you expect to gain from this experience? _____

Does any member of your group have any physical limitations? If so, please describe. _____

How would you like to be involved at AYM? Please check all that apply. (See volunteer opportunities sheet for details.)

- Drop-In Center
- Adventure Challenge – physical challenge
- Adventure Challenge – intellectual/artistic challenge
- Adventure Challenge – service challenge
- Totally You
- Third Timothy
- Speakers
- Office/Clerical
- Maintenance
- Events

We understand that Area Youth Ministry (AYM) will provide any necessary training. We also understand that AYM reserves the right to discontinue our status as active volunteers for any reason.

Signature: _____ Date: _____

Please return to Center Director.
Area Youth Ministry * P.O. Box 11069 * 1641 East Michigan Street * Indianapolis, IN 46201
Phone (317) 635-4151 Fax (317) 636-9571