



OLD STATE CONFERENCE
MASTER GUIDE

GSC-Master Guide

VOLUNTEER APPLICATION

Applicant Information

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt./Unit #

Phone:

City

State

Zip Code

Email:

Date Available:

Time to call

I understand is
Volunteer Ministry

Yes or NO

Circle one

Position applied for:

Federative

Area Coordinator

Mentor

Speaker/Seminarist

Are you a Church member Yes _____ No _____

What responsibilities' you have in the church _____

Please name your Pastor _____

Please give us his Cell Number _____

MG Education

MG Year _____ Adventurer Director Year _____ Pathfinder Director Year _____ BST taken Year _____

CPR with AED year _____ MG Director Year _____ PIA Leadership Year _____ PLA Leadership Year _____

References

Please list three references

Full name:

Relationship:

Company:

Phone:

Address:

Email:

Full name:

Relationship:

Company:

Phone:

Address:

Email:

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Briefly tell us why you want to serve as a volunteer to the Master Guide Ministry.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Please note that accepting your application does not constitute voluntary hire to the Master Guide Ministry. This will only give the Youth Department and the MG Council the opportunity to process the application and further investigation with the respective references and local or area pastors.

Signature:	_____	Date:	_____
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