

**People of Hope Lutheran Church  
Volunteer Covenant**

My signature confirms that I have completed the training checklist and I have read and understand the Safety and Security Policy of People of Hope Lutheran Church described in this document and agree to abide by it to the best of my ability and that if I violate any of the policies listed in this document I may be asked to step down from my position.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

If you are under 18 years of age, a parent or guardian's co-signature is also required.

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

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

We at People of Hope appreciate the commitment you are making and we are eager for you to serve and grow in the body of Christ. If at any time you need support, please speak to our pastoral staff or ministry leaders. Thank you for your willingness to serve!

*After you have signed this page, please remove it and return it the Office and Communications Coordinator for safekeeping.*

**Additional Training Questions for Discussion:**

In what areas of service have you been involved either at POH or with previous churches?

Why are you interested in serving in this ministry?

Have you had any experience with children and youth?

With what non-religious organizations involving children and youth have you served?

Is there a particular age group or class with which you would like to serve?

For Office Use Only
Date of Training:
Training Leader:
Training Expiration:
additional comments: