ANTIOCH-LITHONIA MISSIONARY BAPTIST CHUI

Nursery Application and Release Form

General Information

Last Name: First Name: Male/Female

Date of Birth City of Birth County State

Maiden Name SS#

Phone: Work Phone: Cell # Email

Marital Status: Occupation:

Spouse' Name: Children's Name & Ages:

Current Address: Street or PO Box

City State Zip Code

Previous Address:

City State Zip Code

Church Information:

Are you a member?

If at our church less than two years, list previous church affiliations, including length of time at chu

List all previous church involvement working in children's ministry (identify church and work)

List any gifts, training and other factors that have prepared you for serving in children's minist church:

Personal Information

Why do you feel called to work with children?

What are your biggest concerns or fears about working in this ministry area?

What do you think will be your greatest rewards from working in this ministry?

BE ASSURED THAT YOUR COMMENTS WILL BE HELD IN STRICT CONFIDENC

Applicant's Statement

The information contained in this application is correct to the best of my knowledge.

Yes No

I have attached a copy of my driver's license to this application.
Yes No

In connection with my application to serve as a volunteer in the ministries of this church, I auth church, their agent, to solicit background information relative to my identity, to any criminal re history, and to my suitability for serving in a position of trust. I understand that this church ma inquiries into my background that may include criminal records, personal references and other and reports pertaining to me.

I authorize without reservation, any person, agency or other entity contacted by this church, the for purposes of obtaining background report information to furnish the above-mentioned inform

I release this church and their respective employees and all persons, agencies and entities provi information or reports about me, from all liability by furnishing any such information or reports

Signature of Applicant

Date