



Application for Working with Children and Youth

Date: _____

Applicant's Name: _____

Last

First

Middle

Current Address: _____

Street

City

State

Zip

Primary Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Emergency Contact: _____ /Phone: _____

How long have you been a member of or attended Bethel Lutheran Church? _____

Have you been a member of another church within the last ten years? _____

Church Name: _____

Address: _____

Street

City

State

Zip

How long were you a member of that church? _____

If necessary, use back of paper to list churches you have been a member of during the last ten years.

List and describe (organization, type of work, dates) all previous church work in which you have worked with children or youth.

List and describe (organization, type of work, dates) all previous non-church work in which you have worked with children or youth.

Why do you wish to work with the children or youth of Bethel Lutheran Church?

List any training, education, gifts, calling or other factors that have prepared for you working with children or youth.

2 References (not family members):

Name: _____ Phone Number: _____ Email: _____

Name: _____ Phone Number: _____ Email: _____

"The information I have provided is accurate to the best of my knowledge."

Signed: _____ Date: _____