

Application for
One-by-One
Tutoring/Mentoring
Living Hope Ministries

This application is to be completed for any position involving the supervision or custody of minors. It is used to provide a safe and secure environment for those children who participate.

Personal Information:

Applicant name _____ Date _____
Address _____ Home Phone _____
City/State/Zip _____ Work Phone _____
Email _____ Date of Birth _____
Student Grade Preference _____ Tutoring Night Preference: Tuesday or Thursday

If the above is not your permanent address and phone, please list below:

Address _____ Home phone _____
City/State/Zip _____

Areas of Interest

Please describe any special interests, talents or skill you would like to use in this ministry, e.g., art, web design, languages, photography, video production, musical, public relations, word processing, fundraising, grant writing, encouragement.

Automobile Information

Driver's License # _____
Automobile Insurance Company _____
Policy Number _____ Expiration Date _____

Church Affiliation:

Name of Church _____
Name of Pastor _____
Address _____ Phone _____
City/State/Zip _____

