

Application for
Transformers
Kids Klub
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 _____

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

Address _____ Home phone _____

City/State/Zip _____

Areas of Interest

Student age Preference (Please indicate first three choices with a 1, 2 and 3)

_____ 2-3 yr _____ 4-5 yr _____ 6-7 yr _____ 8-9 yr _____ 10-11 yr

Please describe any special interests, talents, skill or giftings you would like to use in this ministry. e.g., Crafts, Music, Drama/puppets, teaching, transportation, games, photography, curriculum development, video production, desktop publishing, 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 _____

