

Kids 4 Christ SERVICE APPLICATION

NAME, ADDRESS, & CONTACT INFORMATION

NAME		ARE YOU OVER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		HAVE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE(S)	E-MAIL	

WHY ARE YOU INTERESTED IN SERVING AT KIDS 4 CHRIST?

AFFILIATIONS

CHURCH ATTENDED	CIVIC GROUPS, CLUBS, ETC
CURRENT EMPLOYMENT	

EDUCATION & EXPERIENCE

LEVEL OF EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> DEGREE:	RELEVANT SKILLS OR EXPERIENCES
-----------------------------------------------------------------------------------------------------------------------------------------	--------------------------------

CHARACTER/JOB REFERENCES (NO FAMILY MEMBERS PLEASE)

NAME	NAME	NAME
KNOWS YOU HOW?	KNOWS YOU HOW?	KNOWS YOU HOW?
PHONE	PHONE	PHONE
TITLE	TITLE	TITLE

APPLICANT SIGNATURE: _____ DATE: _____