

## **Leader Application**

Name:	Age:	DOB:	
Address:		City/State:	
Phone Number:		Texting: Yes or No (Circle)	
Email:	<del></del> .		
If you are 18+, you will receive a background c	heck authorizatio:	n via email.	
I am interested in working in (Check all the	nat apply)		
■ Nursery			
Toddlers			
☐ Pre-K			
☐ Elementary			
During (Check all that apply)			
☐Sunday Morning Service at 10am			
☐ Wednesday Nights at 7pm			
I can commit to (Check all that apply)			
Commitment Levels:			
I will serve every other week.			
I will serve once a month.			
☐ I will serve		·	
Commitment Length:			
☐ I can make this commitment for one year.			
☐ I can make this commitment for 6 mor			
☐ I can make this commitment for 3 mor	ntns.		
☐ I can make this commitment for		•	

How long have you attended Generations Chu	urch?
Where did you attend before coming to Gener	rations Church?
What was the Pastor's name?	Number:
In two or three sentences, tell us why you war have working with them.	nt to work with kids as well as any experience you
List two other references who can tell us abou children.  Name	t your Christian character and experience with  Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
	A I D
	Approved By:
	Date: