

Leader Application

Name:	Age:	DOB:	
Address:		City/State:	
Phone Number:		Texting: Yes or No (Circle)	
Email:	check authorizatio	n via email.	
I am interested in working in (Check all t	that 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 y I can make this commitment for 6 mo I can make this commitment for 3 mo I can make this commitment for	onths.		

How long have you attended Generations (Church?
Where did you attend before coming to Ge	enerations Church?
What was the Pastor's name?	Number:
In two or three sentences, tell us why you whave working with them.	want to work with kids as well as any experience you
List two other references who can tell us al children. Name	bout your Christian character and experience with
Name	Namo
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
	Approved By:
	Date: