



Minor Worker Application

205 W. Wall St., Algood, TN 38506
 Phone: (931) 537-9830
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 Email: mail@trinityalgood.com
 Web: www.trinityalgood.com

PERSONAL DATA

Date Submitted: _____

Last Name:		First Name:	
Address:		City:	State:
Phone:		Email Address:	
		Zip:	

CHURCH/RELIGIOUS BACKGROUND

Have you been born again, according to John 3:3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Have you been baptized in the Holy Spirit, according to Acts 2:4?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
How long have you attended Trinity?			

MINISTRY OPPORTUNITIES

Please list the ministry position for which your are applying. Please choose one area of ministry.

	Elevate Kids (Kindergarten - 1st grade)		Little Champs (Nursery)		Little Champs (2 & 3 year old)		Little Champs (4 & 5 year old)
	The LOFT (2nd - 5th grade)						

PERSONAL REFERENCES:

A complete Children's Worker Application must be submitted upon turning 18 when volunteering in these areas.)

PLEASE use parents or relatives names for references.

Name:		
Address:		
City:	State:	Zip:
Home Phone:		

Name:		
Address:		
City:	State:	Zip:
Home Phone:		

APPLICANT COMPLIANCE & PASTORAL APPROVAL

The information contained in this application is correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the Constitution and Bylaws of Trinity Assembly of God, Inc and to refrain from unscriptural conduct in the performance of my services on behalf of TRINITYalgood.

Applicant Signature:	Date:
Parental Signature:	Date:
Pastoral Approval	Date: