

CONTACT INFORMATION (please type or print):

Name: _____

Address: _____ City: _____

State / Country: _____ Zip: _____

Daytime phone: _____

Cell phone: _____

E-mail address: _____

Why would you like to serve in children’s ministry?

How were you parented as a child?

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? ___ No ___ Yes

If yes, please explain fully:

Have you ever been exposed to an incident of child abuse or neglect? ___ No ___ Yes

If yes, how did you feel about the incident?

I agree that all the information provided in this application is true.

Signature of Applicant: _____ Date: _____

Please return complete application to:

Amy Vanterpool
Children’s Ministry
1803 Lauren Place
Missouri City, TX 77489

Fax: 281-499-4679
Email: TCM@texascogop.org