



NAME _____

**NORTHSIDE DRIVE BAPTIST CHURCH OF ATLANTA, GEORGIA
CHILD/YOUTH PROTECTION INFORMATION FORM**

This form is to be completed for any person(s) involving the supervision or care of children. Its purpose is to help the Church provide a safe and secure environment for those children and youth who participate in Church programs and use Church facilities. This application for service is strictly confidential, and will be reviewed in confidence only as required and outlined in the Screening section of the Child Protection Policy. Thank you for your cooperation.

Personal Information

Date: _____

Name: _____

Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of years at current address: _____

Day Phone: _____ Evening Phone: _____

Immediate Prior Address:

City: _____ State: _____ Zip: _____

Number of years resided there: _____

Note: If the above addresses include less than 7 years of residency, please include additional addresses on the back of this form.



NAME _____

Church History and Children's Work

1. Are you a member of Northside Drive Baptist Church of Atlanta?

Yes _____ since _____ No _____

2. Please list the names and addresses of other churches you have attended regularly during the past five years:

Church's Name and Address

Dates Attended:

3. List any gifts, callings, training, education, or other factors that have prepared you for children's work:

4. Please check the areas of service that interest you.

___ Preschoolers (Birth-Pre-K) ___ Children(K-5th) ___ Youth (6th-12th)
___ Sunday School ___ Recreation ___ Vacation Bible School
___ Special Programs ___ Other: _____