

Trinity Kids Student Assistant Personal Information Sheet

Name: _____ Birth Date: _____ Phone # _____
Mo./day/Yr.

Address: _____
Number & street city zip

Grade: _____ School: _____ E-mail: _____

Are you a Christian? _____ Briefly describe your relationship to Christ: _____

Why do you want to be a Student Assistant? _____

Experience working with children: _____

List one **adult reference** other than a family member. This person should know you well.

Name	Phone	Relationship
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If you have ever worked with children in a church or day care setting, please list:

Setting	Phone	Supervisor
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I have the following physical condition, which may limit my work with young children: _____

Initial the following as you agree:

____ I have prayerfully considered working as a TLC Student Assistant, have discussed this with my parents, and they support my decision.

____ I agree to attend at least one training session, if offered, during my time of commitment.

____ I will be present at my assigned position 15 minutes before service starts each week.

____ I will not bring my friends with me unless they are trained TLC staff & approved to help.

____ If I am unable to be present because of illness or family commitments, I agree to find an approved substitute & notify my Supervisor in advance.

____ I agree to attend either the worship or Youth service regularly. Being a Student Assistant in no way takes the place of my participation in worship or my spiritual training.

Student Signature Parent signature

OFFICE USE ONLY

Reviewed by: _____ Date: _____
Follow up needed: _____ By whom: _____ Follow up completed: _____
Applicant approved: _____ References checked (date & initials): _____
Special conditions: _____