

(Office Use) DATE RECEIVED:	

FIRST PRESBYTERIAN CHURCH CHILD PROTECTION RENEWAL APPLICATION

PERSONAL INFORMATION			
Name	,		
Last	First		Middle Initia
Street Address			
City	State	Zip Code	
Date of Birth			
Primary Number ()		Do you have first-aid training? YES NO	
Secondary Number ()		Do you have CPR training? YES NO	
E-mail Address			
VOLUNTEER SERVICE			
In what ministry area are you interested in von Nursery Parent's Day Out Vacation Bible School (PreK - 5th) Sunday School (PreK - 5th) Kids for Christ (K - 5th) Sunday School (6th - 12th)	_	Confirmation Youth Group Youth - Overnight Trips Youth - Day Trips Transportation	
RENEWAL			
I have read and understand the current Child	Protection Policy of	f First Presbyterian Church of Mex	ico.
YES NO			
I have successfully completed the Child/You	th Safety Training.	(please provide copy of competition	ı)
YES NO			
I verify that all the information I provided on the completion of my Child Protection Appli report or my Criminal Background Check (w from volunteering with children.	cation, I certify that	there have been no changes to my	motor vehicle
Signature			