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\* Ability to follow adult leadership? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Relationship with God? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

2. Do you have any reservations about this young person's ability to work with babies and toddlers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

STAFF USE ONLY	
	Date
Committee Recommendation	_____
Leadership Approval	_____
Background Check Cleared	_____