## APPLICATION ADDENDUM

## For Parent/Guardian of Minor Applicant for Children & Youth Workers

Minor Applicant's Name:	Date of Birt	h:	
Name of Parents/Guardians:			
Address:			
Contact Info:			
Home #:	Work #:		
Cell #:	E-mail:		
Does your child have your permission to ministries of Christ Fellowship Church?	work within the youth ar	nd children	
Yes	No		
Do you feel that your child is a good role	e model for other minors?	Why or why	not?
Do you feel that your child is emotionally minors in a ministry situation? Why		effectively with	other
Do you feel your child effectively handles	s stress & frustration? W	hy or why not?	
My child has my permission and approve Ministries in Christ Fellowship Church. Church to check the references provided	I also grant permission to	Christ Fellow	
Parent/Guardian Signature		Date	Form 101-B