

Kids In Ministry

Staff Registration Form

Please check off areas in which you would like to volunteer

___ Evaluator (please list events you are qualified to evaluate _____)
___ Official ___ Tally Room ___ Security

Name: _____ Age: _____

Email: _____ Circle One:

Phone: _____ Male Female

Church Name: _____ Church City: _____

Have you passed a church background check within the last 12 months? _____

Send the completed form to:

STXAG- CM Dept., 14237 E. Sam Houston Pkwy N. Suite 200-314 Houston, TX 77044

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