



**Children's Ministry Partner
Adult Information Form**

Please also complete a background check authorization form

Name: _____

Address: _____

Best Contact Phone Number: _____ **Mobile or Landline**

Would you like to receive scheduling reminder texts: **Yes** or **No**

If Yes, Please provide your mobile phone number and mobile carrier:

Mobile Phone Number: _____ Mobile Carrier: _____

Email Address: _____

Please complete the above information.

The Children's Pastor will contact you to discuss your serving preferences and how your gifts/talents/abilities can be best used.