

SPONSOR INFORMATION FORM

This questionnaire must be completed by all individuals working with children or youth at Kansas-Nebraska Convention and Associational sponsored events.

EVENT _____ DATE _____

TO BE COMPLETED BY THE CHURCH

_____ has been secured and is recommended for this position by _____
(CHURCH NAME)

SIGNATURE REQUIRED BY
SOMEONE OTHER THAN THE SPONSOR OR A FAMILY MEMBER

POSITION _____

DATE _____

TO BE COMPLETED BY THE INDIVIDUAL

NAME _____ AGE _____
FIRST MIDDLE LAST (MUST BE 21 OR OLDER)

MALE FEMALE HOME PHONE: () _____ WORK PHONE: () _____

ADDRESS _____ EMAIL ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EXPERIENCE WORKING WITH CHILDREN OR YOUTH: _____

Have you ever been convicted of child abuse, or a crime involving actual or attempted sexual molestation of a minor? YES NO

If yes, explain: _____

DO YOU HAVE ANY SPECIAL NEEDS? YES NO

If yes, explain _____

Do you have any communicable diseases? YES NO

If yes, explain: _____

Do you have any signing skills for working with the deaf? YES NO

Do you have any special needs? Please list: _____

SIGNATURE OF SPONSOR _____

DATE _____