See A Man Be A Man

Mentoring program of Board of Men's Ministries
Church of Christ of the Apostolic Faith
Jesse L. Gamble, Mentoring Program Chairman
Ernest Walker, Director/Chairman
District Elder Eugene Lundy, M.D., M.B.A., D.D., Pastor

Adult Application/Registration

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
HPhone: _____ WPhone: _____ Cell Phone_____
SSN:_____ Date of Birth: _____ EMAIL:_____

Occupation, employer and business address
_____
_____
_____
Driver's License No. _____ State:_____ Expiration_____

Emergency Contact
Name: _____ Phone: _____

Experience working with youth:

Additional information:
Do you use illegal drugs? ___ Yes. ___No.
Have you ever been convicted of a criminal offense? ___ Yes. __ No. (If yes, Explain below)
Have you ever been charged with child neglect or abuse? ___ Yes ___ No.
Has your driver's license ever been suspended or revoked? ___ Yes. ___ No. (If yes, Explain Below)
Any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance or care of young people. ___ Yes. ___ No. (if yes, explain below)
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Reference:

In signing this application, I affirm that the information I have given is true and correct

Signature: _____
Date: _____