

# BridgeKids GateKeeper Application

Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_

## Contact Information for Scheduling Purposes

Parent Cell Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Gatekeeper Cell Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Gatekeeper Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## REFERENCES

(two people you know who are not your parents/guardians or siblings. ex. aunt/uncle)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address (if no email please provide home address): \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address (if no email please provide home address): \_\_\_\_\_

\_\_\_\_\_

What service can you volunteer? (circle preferred service)                      9:00AM                      10:30AM

How many times a month can you serve?                      1                      2                      3

Can you serve on the fifth Sundays of the year? (4 times per year)                      Yes                      No

Does your family plan on attending both services due to ministry?      Yes                  No

Which areas of BridgeKids interest you? (circle all that apply) \*\*

Check-In      Nursery      2/3's      4/5's      BK Black Box      BK Snack Room

\*\*Parents/Guardians- every effort will be made to put the Gatekeeper in their desired areas of interest, but there will be times that this not possible. Please encourage your Gatekeeper to remain flexible and remember that no matter where he/she serves, he/she is a huge blessing to others!\*\*

Gatekeeper Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_