AFTER CARE

|HS Student Application Form|

Thank you for your interest in working in our After Care Program here at Families of Faith Christian Academy! We are looking for high school students who love working with children, demonstrate strong Christian values, and are eager to serve.

Please complete the application below:

|Personal Information|

Full Name: _____

Date of Birth: _____ Age: _____

School: _____ Grade level (25-26): _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

|Faith & Church Involvement|

Do you regularly attend church? □ Yes □ No

Church Name: _____

Pastor/Youth Leader Name: _____

Describe your personal relationship with Jesus Christ:

_____

_____

_____

|Availability & Experience|

Have you previously worked with children? □ Yes □ No

If yes, please describe your experience: _____

_____

_____

Why do you want to work for our After Care program?

_____

_____

Are you available for the entire duration of the 2025-2026 schoolyear? □ Yes □ No

If no, list any dates you are unavailable: _____

Do you have any special skills or talents that would be beneficial for our aftercare students? (Check all that apply)

□ Sports & Recreation
□ Music/Worship Leading
□ Arts & Crafts
□ Drama/Skits
□ Bible Teaching
□ First Aid/CPR Certified
□ Other: _____

|References|

Please list three non-family references (teacher, pastor, coach, etc.). For non-FOFCA students, one reference ***must*** be a pastor, youth pastor, or teacher.

Reference #1
Name: _____
Relationship: _____
Phone: _____ Email: _____

Reference #2
Name: _____
Relationship: _____
Phone: _____ Email: _____

Reference #3
Name: _____
Relationship: _____
Phone: _____ Email: _____

|Commitment & Agreement|

By signing below, I acknowledge that I am applying to serve at Families of Faith Christian Academy's After Care Program and will abide by all guidelines including dress code and phone-use policy, uphold Christian values, and be a positive role model for all children who attend.

Applicant Signature: _____ Date: _____
Parent/Guardian Signature (if under 18): _____ Date: _____