

## NON-MEMBER APPROVAL FORM

*This completed form must be attached to CARE documents.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Ministry \_\_\_\_\_

**Please explain your current non-membership status.**

*Please detail explanation below.*

**Are you currently a member of another church?** \_\_\_\_\_

**Have you served in ministry to children/youth at the church where you have established membership?**  Yes  No *Please detail service below including general time frame*

Contact name \_\_\_\_\_ Phone \_\_\_\_\_

**Are you willing to comply with all of the CARE policies as you understand them?**  Yes  
 No

**Are you willing to submit to accountability to the leadership of Christ Covenant with respect to your service among children and/or youth?**  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Ministry staff \_\_\_\_\_ Date \_\_\_\_\_