



Application for
The A-Team

JUNIOR ADJUTANT CORPS

First Apostolic Council of KY & TN

Director: Pastor L. McNeese

Bishop Sherman L. Merritt, D.D., Diocesan

**ADD
PICTURE
HERE:**

Please Print

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Age: _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Occupation: _____

Email Address: _____

Pastor's Name: _____ Church: _____

Past and present positions: _____

Are you obedient to parents? (chores, homework, screen time, curfews, etc.) Yes No Parent's initials _____

Are you faithful to your church? (tithes, offering, church attendance, etc.) Yes No Pastor's initials _____

Grade Level/Education: _____

Why do you desire to serve with The A-Team? _____

Have you ever been fired from any position in church? No Yes

If yes, why? _____

Have you ever had any security or law enforcement briefings or academy experience? Yes No

If yes, when, where? _____

Supervisor contact information: _____

Have you ever learned CPR or been First Aid certified? Yes No

Have you ever been convicted of a criminal offense at any time, at any place for any reason? Yes No

Have you ever been convicted, indicated or accused of any crime involving children or violence against girls or women?

Yes No If yes, explain _____

(Note: No applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you ever been accused or disciplined for bullying? Yes No

If yes, explain _____

Have you read and do you agree and follow the doctrine, code of conduct, rules of order and tenets of the First Apostolic Council preamble, constitutions and by laws? Yes Initials: _____ (an affirmative answer to this question not optional)

(Please initial)

- _____ I have a valid driver's permit or license Yes No State Issuing: _____
- _____ I understand that everything discussed between A-Team members in the performance of their duties must be kept confidential.
- _____ I am not a bully.
- _____ I am not disrespectful to authority.
- _____ I understand that F.A.C. Adjutants may not work in other auxiliaries.
- _____ I understand that I may be fired or relieved of duty at any time by Dr. L. McNeese without explanation.

(Parents please initial)

- _____ My child has no medical condition that may interfere with the performance of my duties as an F.A.C. adjutant/officer.
- _____ My child has no unresolved/criminal history.
- _____ There is nothing in my child's past or present that violates public trust or prevent them from working with or around children or money.
- _____ My child is not adversely affected by any medicine that makes them feel sleepy or irritated.
- _____ My child is not adversely affected by or being counselled for depression or suicidal thoughts.
- _____ My child is not now, nor has ever been convicted, addicted or affected by any mood-altering drugs whether legal or illegal? Yes No If yes, explain _____
- _____ My child is mentally and physically healthy enough to serve God as an F.A.C. youth adjutant.

I hereby certify that I have not withheld any information that might adversely affect my child's eligibility to serve. The answers given by me are true and correct. I understand that my child will not be involved any activity that requires the use of force of any kind. By signing below, I agree that I am legally authorized to enroll my child in this program for this position. I understand and accept the terms and requirements listed herein.

_____ **Print Name**

_____ **Jr. Adjutant's Signature**

_____ **Date**

_____ **Parent's Name (Please Print)**

_____ **Parent's/Guardian's Signature**

_____ **Date**

Jacket Size: _____ Polo/Shirt Size: _____

If approved, when can you begin training? _____

DO NOT FAX! Original signatures and initials are required.

You may hand deliver or mail this form to The A-Team, c/o Admin. CPT A.G. Ward, P.O. Box 2265, Clarksville, TN 37042

----- **Office Use** -----

Reviewed by: _____

Approved: _____ Declined: _____ Date: _____

	Tuesday	Wednesday	Thursday	Friday	Saturday
Day Availability	8 am to 4 pm	8 am to 4 pm	7 am to 4 pm	8 am to 4 pm	8 am to 4 pm
Evening Availability	4pm to 11 pm	4 pm to 11 pm	4 pm to 11 pm	4 pm to 11 pm	4 pm to 11 pm

- Bowling Green, KY Lexington, KY Louisville, KY Owensboro, KY Paducah, KY Nashville, TN
- Huntsville, AL All Other: _____