



After School Good News Club® Information Sheet

School Year: _____

School District: _____

SCHOOL INFORMATION	
School	_____
Principal	_____
Secretary	_____
Address	_____
City, VA Zip	_____
Phone	_____
Email	_____
School hours	_____

SPONSORING CHURCH INFORMATION	
Church	_____
Pastor	_____
Address	_____
City, VA Zip	_____
Phone	_____
Email	_____
Contact	_____
Initial CEF teaching material:	_____

CLUB INFORMATION	
Start Date 1st sem. _____	End Date: 1st sem. _____
Start Date 2nd sem. _____	End Date: 2nd sem. _____
Weekday / Where meeting? _____	
Time (start and finish): _____	
What grades are invited: _____	

Have you submitted the following to the school?	
<input type="checkbox"/>	Insurance Verification
<input type="checkbox"/>	Facility Use Form

Building Your Team

Choose from the following responsibilities: Team Leader, Administrative Assistant, Bible Teacher, Memory Verse Teacher, Missions Teacher, Song Leader, Game Leader, Prayer Coordinator, Counselor, Grp Shepherd, Helper, Refreshment Coordinator, Greeter, etc.

Name	Email Address	Responsibility	ID Verified	Training Date	CPP Completed? Yes/No, Exp. Date	WCA Completed?	Nametag Needed Yes/No
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
17.							
18.							
19.							
20.							

Total # of volunteers: _____ ID's verified for each volunteer: _____ Signature of Team Leader: _____