

VII. CHURCH FORMS.

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Note: New forms numbering system leaves a gap for nine additions (alphabetically) between each.

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Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

ACCIDENT/INJURY REPORT FORM

Child's Name: _____
Last First

Date of Injury: _____ Time of Injury: _____

Location at which injury occurred: _____

Brief Description of accident: _____

Brief Description of Injury: _____

First Aid Administered: _____

Emergency Services Needed? Yes _____ No _____

Parent Contacted: Yes _____ No _____ Name: _____
Time: _____

Signature (Teacher): _____

Name (Parent/Guardian PRINT): _____

Signature (Parent/Guardian): _____

Address: _____ Phone: _____

E-mail Address: _____

Give completed form to Children's Ministries Director. Copy to parent on request.

Accident/Injury Report Form (con'd)

FOLLOW-UP: _____

DATE: _____

SIGNATURE: (Printed and signed) _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
(931) 484-6927

ADD ACTIVITY TO CALENDAR REQUEST

NAME OF REQUESTING ORGANIZATION/PERSON:

PHONE # _____

CALENDAR DATES: _____

NAME OF EVENT: _____

TIME OF EVENT: (From/To) _____

DAILY _____

WEEKLY _____

MONTHLY _____

=====

Form #110, 9 Sept 2011

This form is assigned to: Communications/Fellowship Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
(931) 484-6927

ADD ACTIVITY TO CALENDAR REQUEST

NAME OF REQUESTING ORGANIZATION/PERSON:

PHONE # _____

CALENDAR DATES: _____

NAME OF EVENT: _____

TIME OF EVENT: (From/To) _____

DAILY _____

WEEKLY _____

MONTHLY _____

=====

Form #110, 9 Sept 2011

This form is assigned to: Communications/Fellowship Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
(931) 484-6927

ANNOUNCEMENTS INTO BULLETIN REQUEST

Date Submitted

Committee: _____

Requested By: _____

Dates to be inserted in bulletin: _____

Text: _____

All announcement requests must be in the Church Office by Thursday morning @ 9:00 a.m. of the requested week in order to be included in that following Sunday's bulletin. Please limit your announcement to three lines or less.

Form #120, 9 Sept 2011

This form is assigned to: Communications/Fellowship Team.

FAIRFIELD GLADE
FIRST BAPTIST CHURCH

ATTENDANCE TALLY SHEET

Date:_____

SS Attendance:_____

9:00 a.m._____

Children:_____

10:30 a.m._____

Form #130, 9 Sept 2011
This form is assigned to Music/Worship Team.

FAIRFIELD GLADE
FIRST BAPTIST CHURCH

ATTENDANCE TALLY SHEET

Date:_____

SS Attendance:_____

9:00 a.m._____

Children:_____

10:30 a.m._____

Form #130, 9 Sept 2011
This form is assigned to Music/Worship Team.

FAIRFIELD GLADE
FIRST BAPTIST CHURCH

ATTENDANCE TALLY SHEET

Date:_____

SS Attendance:_____

9:00 a.m._____

Children:_____

10:30 a.m._____

Form #130, 9 Sept 2011
This form is assigned to Music/Worship Team.

FAIRFIELD GLADE
FIRST BAPTIST CHURCH

ATTENDANCE TALLY SHEET

Date:_____

SS Attendance:_____

9:00 a.m._____

Children:_____

10:30 a.m._____

Form #130, 9 Sept 2011
This form is assigned to Music/Worship Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
(931) 484-6927

AUDIO/VIDEO REQUEST FORM

This form must be submitted to the Music/Worship Team for those needing audio and/or video support for any meetings or events that take place in our church. Please complete this form and submit it to the Audio/Video Coordinator or church office two weeks prior to the event.

Name of Event: _____ Date of Event: _____

Time of Event: (From) _____ (Until) _____

Estimated Number of people attending: _____

Equipment Needs (Please check all that apply):

_____ Speakers
_____ Number of microphones
_____ Electric Piano
_____ DVD Player
_____ CD Player
_____ Video Projector
_____ Screen
_____ Computer
_____ Other instruments (Please specify) _____

_____ Other Sources _____

For those who need help with digital files, please use the space below:

1. We need to play the following video or audio:

Title: _____

Resource or File format- MP3, DVD, PowerPoint, jpeg, mpeg, PDF, other: _____

(Please list additional titles and Resource or File format on the reverse of this page)

2. I have been scheduled to sing special music on (date) _____.

I will be singing (title) _____.

I will be using (please check one) a CD _____, DVD _____, cassette _____, MP3 _____,

Other _____

Person Signing Out Equipment (Signature): _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

BUDGET CHANGE FORM

To: Finance Committee Name: _____

Date Submitted: _____

Name of the Account: _____

Amount of Increase (+) or Decrease (-): _____

Submitted by Team: _____ Name: _____

Reason for increase/decrease:

(Complete explanation, use back of page if needed):

This request will be reviewed promptly by the Finance Committee, and will be approved or denied based on the availability of funds and the priority of the request. The Account Chair and the Church Council will be notified of the decision.

Request approved: YES ____ NO ____

Date Received: _____

Explanation: _____

Finance Committee Chair Signature: _____ Date: _____

Finance Committee Chair Print Name: _____

Treasurer Signature: _____ Date: _____

Treasurer Print Name: _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

BULLETIN INFORMATION

Week of _____ Year _____

Sunday School Attendance _____

9:00 am Church Attendance _____

10:30 am Church Attendance _____

Total Church Attendance _____

| <u>Given</u> | <u>YTD</u> | <u>Accumulative</u> |
|--------------|------------|---------------------|
|--------------|------------|---------------------|

| | | |
|--------------|-------|-------|
| Budget Gifts | _____ | _____ |
|--------------|-------|-------|

| | | |
|--------------|-------|-------|
| Budget Needs | _____ | _____ |
|--------------|-------|-------|

| | | |
|---------------|-------|-------|
| Building Fund | _____ | _____ |
|---------------|-------|-------|

| | | |
|----------|-------|-------|
| Missions | _____ | _____ |
|----------|-------|-------|

| | | |
|--------------|--|--|
| <u>Other</u> | | |
|--------------|--|--|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Counters _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

CATERER'S GUIDELINES and CONTRACT

We, at **Fairfield Glade First Baptist Church** wish to assist you in any way we can to help make your work easier. We have a few guidelines that we, as a church, wish for you to comply with in order for the wedding, reception, or other event to run smoothly.

1. Please schedule your times with the Pastor or church secretary (484-6927) for bringing in equipment, supplies, food, etc., into the event area so the church may be unlocked for you.
2. All caterers using the facilities in the church will be expected to leave the kitchen and reception area in a presentable condition—the same way you found it.
3. **No smoking** is allowed in any part of the church buildings.
4. A microwave is available for your use.
5. Ensure that none of the church's plates, cups, silverware, kitchen supplies or equipment are taken by mistake.
6. Furnish your own paper or plastic goods such as plates, cups, napkins, paper towels and flatware. Those stored in the church kitchen cabinets are not for your use.
7. Contact the Church Custodians _____
Phone _____ or _____
Phone _____, if there is a need for brooms, mops or trash bags, which are located in the supply closet. (If unable to reach them, contact the Church Secretary.)
The Church Custodians will take care of any mopping needed following the event, and they will remove garbage that has been bagged and tied.
8. Please see that the facilities and equipment are not mistreated in any way. The caterer will be held responsible for any damages that occur—reimbursing the church for the cost to repair or replace.
9. Our Kitchen Committee chairs, _____ will be a big help answering questions and locating or operating equipment. Call them if you need their assistance. If unable to reach them, contact the Church Secretary.
10. Unless a church representative is on site, you are responsible to ensure that all outside doors are locked when you leave.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

CATERER'S CONTRACT

NAME OF EVENT: _____

EVENT DATE: _____

EVENT TIME FRAME: _____

CHURCH AREA(S) NEEDED: _____

PRINTED NAME OF CATERER: _____

SIGNATURE OF CATERER: _____

PRINTED NAME OF CHURCH REPRESENTATIVE: _____

SIGNATURE OF CHURCH REPRESENTATIVE: _____

DATE APPROVED/AGREED: _____

Fairfield Glade First Baptist Church – Special Events Planning
130 Town Centre Way
Crossville, TN 38571

Telephone: 931, 484-9627
E-mail: ffgfbcc@onhisrock.org

Office hours:

Monday – Thursday: 8:00 a.m. – 2:30 p.m.
Friday: 8:00 a.m. – 1:00 p.m.

Fairfield Glade First Baptist Church
130 Town Centre Way, Crossville, TN 38571
931-484-6927

COLUMBARIUM APPLICATION

The Columbarium Trustees of the Fairfield Glade First Baptist Church acknowledge the receipt for Niche \$ _____ Plate \$ _____ Total \$ _____

from Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

If this is a partial payment toward the full payment for one niche in the Fairfield Glade First Baptist Church Columbarium, the balance remaining due is the difference between the deposit and the prevailing cost of a niche and plate at the time the final payment is made and the niche location is selected.

Signed: Treasurer of the Columbarium Trustees

Date

Signed: Chair of the Columbarium Trustees

Date

Record of partial and final Payments

| <u>Date</u> | <u>Amount Paid</u> | <u>Bal remaining</u> | <u>Paid By</u> | <u>Check Nbr</u> |
|-------------|--------------------|----------------------|----------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Fairfield Glade First Baptist Church
130 Town Centre Way, Crossville, TN 38571
931-484-6927

COLUMBARIUM CERTIFICATE OF USE
Inurnment in the FGFBC Columbarium

The Columbarium Trustees acknowledge receipt for Niche \$ _____ and Plate \$ _____
as payment in full from:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

for the reservation of one niche (Number _____) in the Columbarium located at the
Fairfield Glade First Baptist Church.

It is understood that this niche will be for the inurnment of:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

NEXT OF KIN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

It is further understood that a payment has been made also in the amount of \$ _____ for the niche plate with the family name, first name, date of birth and the date of death cast in bronze. The name to be used on the niche plates is shown below.

Name _____

Show name as: _____

Date of Birth: _____

Date of Death: _____

This contract is non-transferable. It is agreed that if the purchaser moves to another location or decides for personal reasons to choose another form of inurnment, 80% of the niche cost will be refunded. The cost of an inscribed bronze plate is not refundable. If the niche plate has not been inscribed, 80% of the cost will be refunded. Upon refund of the above, monies and title of the above niche once again become the property of the Fairfield Glade First Baptist Church.

The Columbarium Trustees assume no responsibility or obligation for the cremation of the person to be inurned. Arrangement should be made between the purchaser and/or his or her estate representative with a funeral director of their choice.

Upon completion of payment in full, the purchaser is entitled to make a choice of niches that are available at that time. Otherwise, assignment of niches remains the sole prerogative of the FGFBC Columbarium Trustees, depending on the availability of space at the time of inurnment, with due regard for the prior wishes of the purchaser and/or his or her estate.

A copy of this document will be on file in the church office. The original will be provided to the purchaser.

(Signed) Columbarium Trustee

Date

(Signed) Columbarium Treasurer

Date

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

CONFIDENTIAL VOLUNTEER APPLICATION FORM

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It will help our church family provide a safe and secure environment for children.

Personal:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Present Address: _____

Social Security #: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Marital Status: _____

Home Phone: () _____ Work Phone: () _____

Occupation: _____

Do you have a current driver's license? Yes ____ No ____ License # _____
Issuing State: _____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor?
Yes ____ No ____

If yes, please describe all convictions for the past five years. _____

Were you a victim of abuse or molestation while a minor? Yes ____ No ____

- If you prefer, you may refuse to answer this question.
- You may discuss your answer in confidence with a Pastor rather than answering on this form.
- Answering yes, or leaving the question unanswered, will not automatically disqualify you.

Church:

When did you make your profession of faith in Christ? _____

When were you baptized? _____

List any gifts, callings, training, education, or other factors that have prepared you for teaching.

Are you a member of this church? Yes ____ No ____ If yes, how long have you been a member? _____

1. If no, list your church membership contact information here. _____

2. Please list other churches you have attended regularly during the past five years. _____

3. Include the type of work involving children that you performed: _____

CONFLICT OF INTEREST FORM

FAIRFIELD GLADE FIRST BAPTIST CHURCH CONFLICT OF INTEREST POLICY

As a ministry initiated and sustained by God, the Church has a mandate to conduct all of its affairs decently and above reproach, both in the sight of God and man. That accountability includes a commitment to operate with the highest level of integrity and to avoid conflicts of interest.

As a nonprofit, tax-exempt entity, the Church depends on charitable contributions from its members. Maintenance of its tax-exempt status is important both for its continued financial stability and for the receipt of contributions. Therefore, the IRS and state corporate and tax officials view the operations of the Church as a public trust, accountable to both governmental authorities and members of the public.

Among the Church, its officers, and its Church Leadership Council (CLC), there exists a fiduciary duty, which carries with it a broad and unbending duty of loyalty. The CLC and its officers are responsible for administering the affairs of the Church honestly and prudently, and for exercising their best care, skill, and judgment for the sole benefit of the Church. Those persons shall not use their positions with the organization or knowledge gained therefrom for their personal benefit.

The CLC will review any related-party transactions.

In the event transactions involving conflicts of interest occur, or are proposed, the Conflict of Interest policy will provide the following:

1. All proposed transactions that might be viewed as possible conflicts of interest are to be reported to the CLC and approved in advance.
2. The CLC will research the situation and provide a record that will demonstrate that the transaction is truly in the best interest of the Church, as provided by a competitive bid or comparative valuation, and that it does not violate state law.
3. The related party is to be excused during the process of the CLC deliberation and voting, other than to respond to questions, and is to abstain from voting.
4. The CLC will perform an annual review of potential and known related-party transactions through annual Conflict of Interest questionnaires to be completed by all Ministers, Officers, members of the CLC, and all other employees.

FAIRFIELD GLADE FIRST BAPTIST CHURCH

CONFLICT OF INTEREST QUESTIONNAIRE

A conflict of interest may relate to you, your spouse, family members, business interests, and/or associates. Conflicts of interest may arise when one party has the ability to significantly influence the management or operating policies of the other, to the extent that one of the transacting parties might be prevented from fully pursuing the interests of FAIRFIELD GLADE FIRST BAPTIST CHURCH rather than his/her own separate or related-party interests.

Considering the period 20____ - 20____

- | | Yes* | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. I (or a party related to me) hold, directly or indirectly, a position of financial interest in an outside concern from which the organization secures goods or services. | _____ | _____ |
| 2. I (or a related party of mine) render directive, managerial, or consultative services to, or am an employee of, any outside concern that does business with FAIRFIELD GLADE FIRST BAPTIST CHURCH. | _____ | _____ |
| 3. I have accepted gifts or other benefits from any outside concern that does, or is seeking to do, business with FAIRFIELD GLADE FIRST BAPTIST CHURCH. | _____ | _____ |
| 4. I have participated in management decisions of outside entities concerning transactions that affect or benefit me, my family, or my personal financial interests (other than ordinary management decisions on employment matters such as compensation). | _____ | _____ |
| 5. I (or a related party of mine) have been indebted to FAIRFIELD GLADE FIRST BAPTIST CHURCH at some time during the above-stated period. If so, please note the nature, date, terms, and amount. (For example, a personal loan, assistance with bills, etc.) | _____ | _____ |
| 6. FAIRFIELD GLADE FIRST BAPTIST CHURCH has been indebted to me (or a related party of mine) at some time during the above stated period. If so, please note the nature, date, terms and amount. | _____ | _____ |

* If you answered "yes" to any of these statements, please provide further explanation and information on any related-party transactions. Attach additional pages if necessary.

| | |
|-------------------------------------------|-----------------|
| _____ (Print name and affix Signature) | _____ (Date) |
|-------------------------------------------|-----------------|

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

CONSTITUTION/BYLAWS: REVISION REQUEST FORM
(Additions, Amendments and/or Corrections)

Date of Request: _____

Unit Name (if applicable): _____

Name of person or chair requesting change: _____

Change/Revision requested: (For clarification, a copy of the current section of the Constitution may be attached in addition to specific changes being requested.)

Change requested: _____

Reason for requested change: _____

Please submit this completed form to any member of the Policies and Procedures Committee or to the Church Office.

You will be informed regarding action taken on your request.

Approved: _____ Denied: _____ Revised: _____ Date: _____

Reason (if denied): _____

CREDIT CARD SIGN-OUT SHEET WHEN OBTAINING AND RETURNING CREDIT CARD

Form #220, 9 Sept 2011

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

CREDIT CARD USE REQUEST

(Also, use this form if an order is being phoned in)

**When this form is signed by the Team Leader, the credit card will be released for use.
(Get credit card from the church secretaries.)**

Date: _____

Team: _____

Requested By: _____

Approved by: _____ Date: _____
(Team Leader)

Items Bought: _____

TOTAL PRICE CHARGED: \$_____

For which activity: _____

Charge to Account # _____

**When transaction is complete: ATTACH RECEIPT TO THIS FORM AND GIVE TO
CHURCH TREASURER.**

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

e-mail: ffgfbc@onhisrock.org
Office Hours 8:00 a.m. – 2:30 p.m. Mon-Thurs; 8:00 a.m. – 1:00 pm Friday

CUSTODIAL/ROOM REQUEST FORM

NAME OF EVENT: _____

NAME OF REQUESTING ORGANIZATION/PERSON: _____

ADDRESS:

Phone # _____

E-mail: _____

Church Member: _____

Non Member: _____

DATE OF EVENT: _____

TIME FROM: _____ TO: _____

DAY OF EVENT: _____

Daily _____

Weekly _____

Monthly _____

Other _____

NUMBER OF PEOPLE INVOLVED: _____

ROOMS REQUESTED: (See map on the back of this form for room numbers)

Sanctuary _____, Kitchen _____, Fellowship Hall _____,

Choir Room _____, SS Classroom (list) Upper _____, Lower _____,

Library _____, Restrooms (upper level) _____, (lower level) _____,

Other Areas _____

If setup is needed (tables/chairs, etc.), please attach a drawn schematic.

SPECIAL INSTRUCTIONS: _____

Custodial/Room Request Form (con'd)

SOUND/LIGHTING NEEDS: _____

(CD's/Videos/DVD's/Microphones/Etc)

SET-UP NEEDED TO BE COMPLETED BY: DATE: _____

TIME: _____

SECURITY NEEDED: YES ___ NO ___

KEY NEEDED: YES ___ NO ___

FOR OFFICE USE ONLY

STAFF MEETING: DATE: __ __ _____

BY _____

APPROVED _____ DISAPPROVED _____

REASON OF DISAPPROVAL: _____

CUSTODIANS NOTIFIED: DATE: _____

BY: _____

(Fred Kawicki) (Dick Schroeder – G&M)(Ron Baker)

KITCHEN COMMITTEE NOTIFIED: DATE: _____

BY: _____

(Paul & Kay Forsythe)

SAFETY AND SECURITY COMMITTEE NOTIFIED: DATE: _____

BY: _____

(Paul Forsythe)

SOUND/LIGHTING COMMITTEE NOTIFIED: DATE: _____

BY: _____

(Dane Bryant)

AIR CONDITIONING/HEAT (**Ben Ogletree**) DATE: _____

BY: _____

ORGANIZATION/PERSON NOTIFIED: DATE: _____

BY: _____

Please return this completed form to the Church Office ASAP.



**BOB JOHNSON
Insurance, Inc.**

7121 AFTON DRIVE
KNOXVILLE, TENNESSEE 37918
PHONE 865-822-3111 • FAX 865-822-0513
www.bobjohnsonins.com

USE THIS FORM TO ADD DRIVERS IN THE FUTURE

Please note if new driver is a primary driver.

Always send completed form to our office whether a primary driver or not.

DRIVERS:

VAN – Age 21 – 70. Over age 70 requires Doctor's letter of recommendation.

BUS – Age 25 – 65. Over age 65 requires Doctor's letter of recommendation.

Driver Information For Commercial Vehicle Insurance

(Please PRINT or TYPE information)

Name of insured: **Fairfield Glade First Baptist Church**

Date: _____

Policy No.: **41A5A0369614**

Driver's Name: _____

Birth Date: ____/____/____ Sex: ☐ M ☐ F

Driver License No.: _____ State: _____

Is this a Commercial Drivers License? ☐ Yes ☐ No

Vehicle Driver: ☐ Bus ☐ Van

Indicate if Primary Driver*: ☐ Yes ☐ No

*Primary driver means: A driver who drives the vehicle more than once per month or more than 12 times per year.
(Please limit drivers to no more than 4 primary per vehicle)

During the past three (3) years:

- | | | |
|--------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Have you been involved in any accidents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were you at fault? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Had any moving traffic violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had any company cancel or refuse to provide you auto insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Had your driver's license revoked, suspended or restricted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Had any physical impairments other than corrective glasses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any question(s) 1-6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation)

ATTN: (Rev. 7-00)

Note: Driver may not be eligible if 1-6 are answered "Yes."

SERVING YOUR INSURANCE NEEDS SINCE 1964

AUTO • HOMEOWNERS • BOAT • BUSINESS • LIFE • CHURCHES • MOTORCYCLE • HEALTH • INVESTMENTS

Note: This form is a PDF. Printed copies are available in the church office.

Form #250, July 2012

DRIVER INFORMATION – VEHICLE INSURANCE

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
Phone: 931-484-6927 Fax: 931-707-5185

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL INFORMATION:

Date: _____

Last Name: _____ First Name: _____ MI: _____

SS #: _____

Street Address: _____

of Years at this address: _____

City: _____ State/Zip: _____

Day Phone: _____ Evening Phone: _____

Position Desired: _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Once approved, when would you be available to begin work? _____

Will you work overtime is asked? Yes _____ No _____

EDUCATION:

Post-graduate studies:

(college, business, trade or technical) (go to next level if not applicable)

Name and location of school: _____

Course of Study: _____

Number of years completed: _____

Did you graduate? Yes ____ No ____

Degree or diploma: _____

Employment Application (con'd)

High School:

Name and location of school: _____

Course of Study: _____

Number of years completed: _____

Did you graduate? Yes ____ No ____

Degree or diploma: _____

Elementary School:

Name and location of school: _____

Completed? Yes ____ No ____

Certificate or diploma: _____

EMPLOYMENT HISTORY:

Please give accurate, complete, full-time and part-time employment history. Start with your present or most recent employer.

1. **Company Name:** _____

Address: _____

Name of Supervisor: _____

Job and title: _____

Describe your work: _____

Work telephone number: _____

Employment dates:

From: (beginning) month/year _____ To: (ending) months/year _____

Weekly pay (Starting) _____ and (ending) _____

Reason for leaving: _____

2. **Company Name:** _____

Address: _____

Name of Supervisor: _____

Job and title: _____

Describe your work: _____

Work telephone number: _____

From: (beginning) month/year _____ To: (ending) months/year _____

Weekly pay (Starting) _____ and (ending) _____

Reason for leaving: _____

Please attach extra sheets if needed to include additional work experience or a résumé.

* * * * *

Have you ever drawn worker's compensation? Yes ____ No ____

PERSONAL REFERENCES: (List three; not former employers or relatives)

List Name, Address and Phone Number:

1. _____
2. _____
3. _____

Are you currently or have you in the past undergone treatment for drug or alcohol dependency?

Yes ____ No ____

Do you have a current TN driver's license? Yes ____ No ____ License # _____

Has your driver's license ever been suspended? Yes ____ No ____ If yes, please state the reason _____

Employment Application (con'd)

Have you ever committed, been arrested for, charged with, under probation for, convicted of, or pleaded guilty or *nolo contendere* to (a) sexual or physical abuse, (b) molestation, or (c) felony crime? Yes ____ No ____

If yes, please explain. _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

EMPLOYMENT APPLICANT STATEMENT

The information contained in the application is correct to the best of my knowledge. I authorize any references or businesses listed in this form to give you any information (including opinions) they may have regarding my character. In consideration of the receipt and evaluation of this form by Fairfield Glade First Baptist Church in Fairfield Glade, TN, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs or my family, on account of compliance, or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this form.

Should I be approved to work at Fairfield Glade First Baptist Church, I agree to be bound by the Bylaws and Policies of the Church, and I will refrain from any unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

Print Name: _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

EMPLOYEE CRIMINAL RECORDS CHECK AUTHORIZATION

I hereby give my permission for the Fairfield Glade First Baptist Church of Fairfield Glade, TN, to obtain information relating to my criminal history record through any agency, entity or organization having such information. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Fairfield Glade First Baptist Church of Fairfield Glade, TN, and any agency, entity or organization reporting such criminal history (including without limitation, any police department or the TN Department of Safety, the Federal Bureau of Investigation, and/or the Tennessee Department of Corrections and each of their officers, directors, employees, representatives, members, attorneys and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer worker or staff member).

Applicant's Signature: _____ Date: _____

Print Name: _____

Address: _____ Phone: _____

Print maiden name if applicable: _____

Print all Aliases (or other names used): _____

Social Security Number: _____

Date of Birth: _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

EQUIPMENT CHECK-OUT FORM

| <u>Date</u> | <u>Name/Group</u> | <u>Equipment & Quantity</u> | <u>Due Date</u> | <u>Return Date</u> | <u>Initial</u> |
|-------------|-------------------|-------------------------------------|-----------------|------------------------|----------------|
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Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

KEY REQUEST FORM

I am requesting a key card or key to the following church door subject to the review and approval of the Administrative Team.

Requestor's Name _____ Date _____

Door or Area for which a **key card** is requested: _____

Interior Room for which a **key** is requested: _____

How long will the key card/key be needed? _____

Briefly state the need for the key assignment:

If a key assignment is granted, I agree that I will not duplicate or knowingly allow a duplicate to be made from the assigned key.

Signed: _____

===== For Administrative Team use =====

Administrative Team review date: _____

Administrative Team action: Approved _____ Rejected _____ Deferred _____

Decision comments: _____

Team Chair (Signature)

Decision Date: _____

Notification Date: _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

PLEASE SIGN FOR
KEYS (VAN & BUS) TAKEN FROM CHURCH OFFICE

| Date Taken | Name and Phone Number | Key Number | Date Returned |
|---------------|-----------------------|------------|------------------|
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Note: Keys are located in the Church Office in the Key Box. A Church Secretary will need to be present to retrieve them.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

KITCHEN EQUIPMENT USE REQUEST

Requested by _____

Date to be removed _____

Date to be returned _____

Item(s)

Approved by _____

(Kitchen Committee Member)

Form #320, 9 Sept 2011

This form is assigned to: Communications/Fellowship Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

KITCHEN EQUIPMENT USE REQUEST

Requested by _____

Date to be removed _____

Date to be returned _____

Item(s)

Approved by _____

(Kitchen Committee Member)

Form #320, 9 Sept 2011

This form is assigned to: Communications/Fellowship Team.

Fairfield Glade First Baptist Church

MINISTERIAL PERFORMANCE APPRAISAL

Name: _____ Position/Title: _____ Appraisal Date: _____ Date: _____

| Performance Areas | Level Achieved: | Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------|
| | (Poor ← 1 2 3 4 5 → Excellent/Outstanding) | |
| 1) Planning/Organizing: Work is well organized, Coordinates work for optimum efficiency. | <input type="checkbox"/> | _____ _____ _____ |
| 2) Empowered: Identifies and utilizes God-given gifts in pursuit of his/her calling. | <input type="checkbox"/> | _____ _____ _____ |
| 3) Evangelism/Outreach: Visits regularly, shares the Gospel, makes outreach a priority. | <input type="checkbox"/> | _____ _____ _____ |
| 4) Innovation: Constantly seeks improvement, initiates action and is a self-starter; flexible and adaptable. | <input type="checkbox"/> | _____ _____ _____ |
| 5) Dependability/Reliability: Honors and keeps commitments. Work can be relied upon for thoroughness and accuracy. | <input type="checkbox"/> | _____ _____ _____ |
| 6) Teamwork: Supportive of all programs, integrates and cooperates with other staff to enhance success. | <input type="checkbox"/> | _____ _____ _____ |
| 7) Job Knowledge and Performance: Demonstrates thorough knowledge of fundamentals and performs job effectively. | <input type="checkbox"/> | _____ _____ _____ |
| 8) Interpersonal Relations: Works well with others. Priority to serve and help others. Maintains a high degree of both Christian ethics and confidentiality. | <input type="checkbox"/> | _____ _____ _____ |

Ministerial Performance Appraisal (con'd)

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|
| 9) Financial Accountability: Develops and recommends a budget in support of approved goals and objectives. Controls expenditures within budget allocations. | <div></div> | <div></div> <div></div> <div></div> |
| <hr/> | | |
| 10) Achievement- Achieved stated goals and action plans for this position. | <div></div> | <div></div> <div></div> <div></div> |
| <hr/> | | |

Note: A rating of 1 or 5 requires detailed narrative below supporting this rating

Fairfield Glade First Baptist Church
Ministerial Performance Appraisal
Rating Narrative

Employee: _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

PAYMENT VOUCHER (For reimbursement of funds)

Approved by:(Team Leader) _____

Date: _____

Pay To: _____

Address: _____

Invoice # _____ Date: _____

Amount: \$ _____

CHARGE TO ACCOUNT: _____

**Please give this completed form to Church Treasurer.
(RECEIPT MUST ACCOMPANY THISVOUCHER)**

Form #340, 9 Sept 2011

This form is assigned to: Administrative Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

PAYMENT VOUCHER (For reimbursement of funds)

Approved by:(Team Leader) _____

Date: _____

Pay To: _____

Address: _____

Invoice # _____ Date: _____

Amount: \$ _____

CHARGE TO ACCOUNT: _____

**Please give this completed form to Church Treasurer.
(RECEIPT MUST ACCOMPANY THISVOUCHER)**

Form #340, 9 Sept 2011

This form is assigned to: Administrative Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

PERFORMANCE EVALUATION

Employee: _____ Date: _____

Position: _____ Time In Position: _____

Evaluation Period: From _____ To _____

Evaluator: _____ Position _____

Criteria For Ratings:

The standard for this evaluation is the job description for this position

- 1 – Performs far below job expectations for this item. *
- 2 – Item needs improvement. *
- 3 – Meets job requirements for this item.
- 4 – Occasionally exceeds job requirement for this item.
- 5 – Outstanding performance. *

* Requires detailed narrative supporting this rating (use page 2).

Ratings:

- | | | |
|-----|---------------------|-------|
| 1. | Understands job | _____ |
| 2. | Productivity | _____ |
| 3. | Quality of Work | _____ |
| 4. | Reliability | _____ |
| 5. | Attendance | _____ |
| 6. | Cooperation | _____ |
| 7. | Suitability for Job | _____ |
| 8. | Discipline | _____ |
| 9. | Personal Appearance | _____ |
| 10. | Creativity | _____ |
| 11. | OVERALL RATING | _____ |

Recommendations: (check one below)

Continue Present Position _____ Should be Released _____
Should be Promoted _____ To: _____

Salary +Increase/(Decrease) (Optional) (Amount or % of recommended increase/decrease) _____

Employee: _____

Form #350, 9 Sept 2011 (Page 2 of 2)

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

PHONE TREE REQUEST

Date Submitted

Committee: _____

Requested by: _____

Date Needed: _____

Text: _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

POLICIES AND PROCEDURES MANUAL CHANGE FORM

TEAM and UNIT _____

UNIT LEADER _____

DATE SUBMITTED _____

Attach copy of existing page(s) and indicate revisions, additions or deletions. Give form and attachments to P&P Committee.

Reviewed, edited and formatted by P&P Committee

Chair _____ Date _____

Change Number and Date _____

Reviewed by Administration Team

Chair _____ Date _____

Approved by Church Leadership Council

Chair _____ Date _____

Revisions implemented to Master Copy by:
(name) _____ Date _____

Revisions to Library Copy by:
(name) _____ Date _____

Revisions implemented to Associate Pastor copy by:
(name) _____ Date _____

Revisions to Pastor copy by:
(name) _____ Date _____

Revisions to web site by:
(webmaster) _____ Date _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

SAFETY AND SECURITY WORK ORDER

Date: _____ Name: _____

Work Requested: _____

Approved by Safety and Security: Yes ____ No ____ Date: _____

Work Assigned to: _____ Date: _____

Work Completed: _____

Work Inspected and Approved by: _____ Date: _____

May use the space below for further information, drawings, etc.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

SUNDAY SCHOOL ATTENDANCE TALLY SHEET

DATE: _____

WEEK #: _____

| <u>Classes</u> | <u>Members Present</u> | Visitors | New Members | Total Present | Total Contacts |
|-------------------------------------------------------|----------------------------|----------|-----------------------|-------------------------|---------------------------|
| <u>Agape AD1</u> | | | | | |
| <u>Berean AD2</u> | | | | | |
| <u>Builders AD3</u> | | | | | |
| <u>Challengers AD4</u> | | | | | |
| <u>Encouragers AD5</u> | | | | | |
| <u>Grace AD6</u> | | | | | |
| <u>Men's AD7</u> | | | | | |
| <u>Seekers AD8</u> | | | | | |
| <u>Maranatha AD9</u> | | | | | |
| <u>College & Career – Bill Putnam's Class</u> | | | | | |
| <u>Couriers</u> | | | | | |
| <u>Consider The Lilies</u> | | | | | |
| <u>Cornerstone</u> | | | | | |
| <u>Senior Youth Y2</u> | | | | | |
| <u>Junior Youth Y1</u> | | | | | |
| Older Children CLD3 | | | | | |
| <u>First & Second Grade CLD1</u> | | | | | |
| <u>Preschool PS1</u> | | | | | |
| <u>Nursery</u> | | | | | |
| <u>General Officers GO</u> | | | | | |
| TOTALS: | | | | | |
| | | | | | |

Enrollment _____ Attendance Last Week _____

Attendance Last Year _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

SUPPLY ORDER REQUEST

Date: _____

Team: _____

Requested By: _____

Approved by: _____ Date: _____
(Team Leader)

Vendor/Company: _____

Items Needed:

| Description | Quantity | Price |
|-------------|----------|-------|
| | | |
| | | |
| | | |
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Total \$: _____

For which activity: _____

Charge to Account # _____

When completed, please place this request in the Church Secretary's box.

(For Office Use Only)

Rec'd in Church Office _____ By: _____ Completed: _____

Form #400, 9 Sept 2011

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

TAPE/CD REQUEST FORM

SERVICE DATE: _____ 9:00 AM 10:30 AM 6:00 PM Sunday 6 PM Wed Prayer Service
(Circle One)

SPEAKER _____ TOPIC _____

NAME OF REQUESTER _____ TELEPHONE _____

ADDRESS _____

(Please complete and submit to an usher, member of the staff, or the church office)
Recorded by Bob Lunn

Form #410, 9 Sept 2011
This form is assigned to: Music/Worship Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

TAPE/CD REQUEST FORM

SERVICE DATE: _____ 9:00 AM 10:30 AM 6:00 PM Sunday 6 PM Wed Prayer Service
(Circle One)

SPEAKER _____ TOPIC _____

NAME OF REQUESTER _____ TELEPHONE _____

ADDRESS _____

(Please complete and submit to an usher, member of the staff, or the church office)
Recorded by Bob Lunn

Form #410, 9 Sept 2011
This form is assigned to: Music/Worship Team.

TIME SHEETS

Time Sheets are in **Excel**. The following examples are shown for illustrative purposes only.

TIME SHEET – FINANCIAL SECRETARY

TIMESHEET

FAIRFIELD GLADE FIRST BAPTIST CHURCH

Financial Secretary

Name: _____

Dates From _____ To _____

| | Date | | | | | | | | | | | | | | | | |
|------------------------|------|---|----|---|----|---|----|----|---|----|---|----|---|----|----|-------------|--|
| Payroll Classification | | M | TU | W | TH | F | SA | SU | M | TU | W | TH | F | SA | SU | Total Hours | |
| Financial Secretary | | | | | | | | | | | | | | | | | |
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TOTAL

Employee signature

TIME SHEET – INSTRUMENTALISTS (Per Diem Musicians)

TIMESHEET
Instrumentalists

FAIRFIELD GLADE FIRST BAPTIST CHURCH
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

Per Diem: Practice \$20.00/Service \$20.00

Name: _____

Dates From _____ To _____

(Place a Check mark on the day that you performed service)

| | Date | | | | | | | | | | | | | | | |
|------------------------|------|----|---|----|----|---|---|---|----|---|----|----|---|---|---|-------|
| Payroll Classification | | TH | F | SA | SU | M | T | W | TH | F | SA | SU | M | T | W | Total |
| Practice Session | | | | | | | | | | | | | | | | |
| Worship Service | | | | | | | | | | | | | | | | |
| Other Service | | | | | | | | | | | | | | | | |
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GRAND TOTAL

Employee signature

Approved

TIME SHEET – SECRETARIES

TIMESHEET
Secretaries

FAIRFIELD GLADE FIRST BAPTIST CHURCH
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

Name: _____

Dates From _____ To _____

| | | | | | | | | | | | | | | | | | |
|------------------------|------|----|---|----|----|---|---|---|----|---|----|----|---|---|---|-------------|--|
| | Date | | | | | | | | | | | | | | | | |
| Payroll Classification | | TH | F | SA | SU | M | T | W | TH | F | SA | SU | M | T | W | Total Hours | |
| Pastor's Secretary | | | | | | | | | | | | | | | | | |
| Secretary | | | | | | | | | | | | | | | | | |
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TOTAL

Employee signature

Approved

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

TRAVEL EXPENSE REIMBURSEMENT REPORT

Name: _____ Week of: _____

Purpose of Travel: _____

| Travel Expense | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Weekly Summary |
|---------------------|-----|------|-----|-------|-----|-----|-----|----------------|
| Date | | | | | | | | |
| From | | | | | | | | |
| To | | | | | | | | |
| To | | | | | | | | |
| To | | | | | | | | |
| Auto Mileage | | | | | | | | |
| At ____ per mile | | | | | | | | |
| Tolls/Parking | | | | | | | | |
| Purpose of Ministry | | | | | | | | |
| Name of Person | | | | | | | | |
| Purpose of Ministry | | | | | | | | |
| Meals | | | | | | | | |
| Breakfast | | | | | | | | |
| Lunch | | | | | | | | |
| Dinner | | | | | | | | |
| Telephone | | | | | | | | |
| Postage | | | | | | | | |
| Tips | | | | | | | | |
| Daily Total | | | | | | | | |

| | | |
|-------------------|--|--|
| Total Expenses | | |
| Total for Payment | | |

Date: _____ Signature: _____

Approved By: _____ Date: _____

Signature: _____

11/3/2011 Form #450

This form assigned to Administrative Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

TYPING AND/OR PHOTOCOPY REQUEST

Request Date: _____ Committee: _____

Requested By: _____ Date Required: _____

Photocopy (# of copies needed) _____ Special Requirements (Stapled, etc.) _____

Color of Paper: _____

(white unless otherwise designated)

Document Requested/Comments: _____

Or, please attach copy of document to be typed

Form #460, 9 Sept 2011

This form is assigned to: Communications/Fellowship Team.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

TYPING AND/OR PHOTOCOPY REQUEST

Request Date: _____ Committee: _____

Requested By: _____ Date Required: _____

Photocopy (# of copies needed) _____ Special Requirements (Stapled, etc.) _____

Color of Paper: _____

(white unless otherwise designated)

Document Requested/Comments: _____

Or, please attach copy of document to be typed

Form #460, 9 Sept 2011

This form is assigned to: Communications/Fellowship Team.

VACATION USE APPROVAL FORM

Today's Date: _____

Name: _____

Title: _____

Beginning/Ending Date of Vacation Requested*:

(Beginning Date) (Ending Date)

Employee Signature: _____

Supervisor Approval Signature/Date: _____ Date: _____

* Advise your supervisor if you have not accrued enough vacation leave to cover your absence.

Form #465, 2 Mar 2012

This form assigned to the Administration Team, Stewardship/Finance Committee

Change 2 Package, 4 May 2012

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

VISITOR REGISTRATION – CHILDREN’S MINISTRY

DATE: _____

NAME _____

AGE _____ GRADE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

NAME OF PARENT OR GUARDIAN _____

PHONE _____

LIST NAME OF PERSON(S) WHO BROUGHT YOU TODAY:

(CIRCLE ONE: Parent/Guardian/Relative, Friend, Neighbor)

THEIR NAME _____

DO YOU HAVE ANY ALLERGIES? Yes ____ No ____

IF YES, PLEASE LIST THEM (FOOD, ETC.) _____

DID YOU RIDE IN OUR CHURCH VANS TODAY? YES ____ NO ____

IF NO, WHO WILL PICK YOU UP TODAY? _____

THEIR PHONE NUMBER _____

THEIR ADDRESS (if different from the above) _____

Greeter: Please have this form completed and send it with the child to their designated classroom.

Form #480, 9 Sept 2011

This form is assigned to Preschool/Children’s Team.

VOLUNTEER APPLICATION FORM

For the **Volunteer Application Form**, see **Confidential Volunteer Application Form**, Form #200.

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

WEDDING SERVICE APPLICATION

(Subject to the conditions on the attached sheets)

Wedding Date: _____ Hour: _____
Rehearsal Date: _____ Hour: _____

Church Facilities Desired:

Sanctuary _____ Fellowship Hall for Reception _____
Men's Dressing Room _____ Women's Dressing Room _____
Other _____

Minister: _____ Phone: _____
Church Affiliation: _____ Where: _____
Wedding Planner: _____ Organist/Pianist: _____
Sound Technician: _____ Soloist: _____
Florist: _____ Phone: _____ Time of Arrival: _____
Caterer: _____ Phone: _____ Time of Arrival: _____
Photographer: _____ Phone: _____ Time of Arrival: _____
Audio/Visual: _____

Bride-Elect: _____ Phone: _____
Present Address: _____
Church Affiliation: _____ Where: _____
Parents: _____ Address: _____

Groom-Elect: _____ Phone: _____
Present Address: _____
Church Affiliation: _____ Where: _____
Parents: _____ Address: _____

Address after marriage: _____

I have read the conditions provided on the attached sheets of this application and agree to abide by same if I am permitted the use of these facilities. I agree to make every effort to ensure that my guests will do likewise.

Signature: _____

Approved: _____

Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

WEEKLY DEPOSITS

Week _____

ATT _____

| | <u>CODE</u> | |
|----------------------------|-------------|-------|
| General Tithes & Offerings | 4000 | _____ |
| Missions | 5610 | _____ |
| Other _____ | | _____ |
| _____ | | _____ |
| Total Deposit | 1000 | _____ |
| Bldg. Fund Deposit | 1100 | _____ |
| Bldg. Fund YTD _____ | | |
| TOTAL DEPOSITS | | _____ |