



Salvation Christian Academy

MINISTRY VERIFICATION FORM 2020-2021

First and Last Name _____

Name(s) of child(ren) in SCA _____

Member of the _____ Church in City/State _____

Position held in your church _____ Volunteer Paid FT or PT

Approximate hours of church participation per month _____ hours

Approximate hours of preparation outside of the church _____ hours

The information I provided above is presented to the best of my knowledge and accuracy.

Signature _____ Date _____

Office Use Only:

Approved service ministry hours _____ hrs waived.

Signature _____ Date _____