VII. CHURCH FORMS.

FORMS – TABLE OF CONTENTS
(Numerical Sequence and Alphabetical Sequence)

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

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<td>410</td>
<td>Tape/CD Request Form</td>
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<td>420</td>
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<td>440</td>
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<td>490</td>
<td>Wedding Service Application</td>
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<td>500</td>
<td>Weekly Deposits Sheet</td>
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</tbody>
</table>
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.
FOLLOW-UP: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
DATE: _______________________
SIGNATURE: (Printed and signed)____________________________________________
____________________________________________________________________________

Form #100, 9 Sept 2011 (Page 2 of 2)
This form is assigned to Preschool/Children’s Team.
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.

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.
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.
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): ________________________________

Form #140, 12 Oct 2012.
This form is assigned to Music/Worship Team.
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: __________________________________________________________

Form #150, 9 Sept 2011
This form is assigned to Administrative Team, Stewardship & Finance.
Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

BULLETIN INFORMATION

<table>
<thead>
<tr>
<th>Week of</th>
<th>Year</th>
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| Sunday School Attendance | ________ |
| 9:00 am Church Attendance | ________ |
| 10:30 am Church Attendance | ________ |

| Total Church Attendance | ________ |

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<th>Accumulative</th>
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<td>Budget Gifts</td>
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<td>________</td>
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<td>Budget Needs</td>
<td>________</td>
<td>________</td>
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<td>Other</td>
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Form #160, 9 Sept 2011
This form is assigned to Communication/Fellowship Team.
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 ________________________________ or ________________________________
   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.
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: ffgfbc@onhisrock.org

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

Form #170, 9 Sep 2011 (Page 2 of 2)
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount Paid</th>
<th>Bal remaining</th>
<th>Paid By</th>
<th>Check Nbr</th>
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Form #180, revised 12 Oct 2012
This form is assigned to Church Trustees, Columbarium Trustees
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: ____________________________

Form #190, Revised 12 Oct 2012 (Page 1 of 2)
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
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.

Form #200, 9 Sept 2011 (Page 1 of 2)
Confidential Volunteer Application Form (con’d)

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.

Form #205, 12 Jan 2012.
This form is assigned to the Administration Team, Personnel Committee.
Page 1 of 2 (Change 2 package, 5/5/12)
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___

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. Yes* No

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)

Form #205, 18 Jan 2012, Page 2 of 2 (Change 2 package, 5/4/12)
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): ______________________________________________________________
______________________________________________________________________________

Form #210, 12 Oct 2012 (Change 3 approved 12 Oct 2012)
This form is assigned to Administrative Team.
Fairfield Glade First Baptist Church
130 Towne Centre Way, Crossville, TN 38571
931-484-6927

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Taken</th>
<th>Company Name</th>
<th>Amount</th>
<th>Charge to Acct#</th>
<th>Return Date</th>
</tr>
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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.

Form #230, 9 Sept 2011
This form is assigned to the Administrative Team.
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: _____________________________________________________________________

__________________________________________________________________________________

Form #240, revised 1 Mar 2013 (Page 1 of 2)
This form is assigned to the Administrative Team.
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.

Form #240, revised 1 Mar 2013 (Page 2 of 2)
This form is assigned to: Administrative Team.
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:

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


Driver Information For Commercial Vehicle Insurance

*Please PRINT or TYPE information*

Name of firm: Fairfield Glade First Baptist Church

Policy No.: 41A5A0369614

Date:

Driver's Name:

Driver License No.: 

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 2,400 miles per year. (Full time worker who drives 400 miles per week)

During the past three (3) years:

1. Have you been involved in any accident? Yes No
2. Were you at fault? Yes No
3. Had any non-moving traffic violations? Yes No
4. Had any company cancel or refuse to provide you sure insurance? Yes No
5. Had your driver's license revoked, suspended or restricted? Yes No
6. Had any physical ailments other than corrective glasses? Yes No

If any questions 1-6 have been answered with Yes, please provide full details below: (dates, descriptions, amounts, or other explanation).

A M (Rev. 7-06)

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

Form #250, July 2012

DRIVER INFORMATION – VEHICLE INSURANCE
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: _______________________________________________________

Form #260, 9 Sept 2011 (Page 1 of 4)
This form is assigned to Administrative Team.
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: ___________________________________________________

______________________________________________________________

Form #260, 9 Sept 2011 (Page 2 of 4)
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 ________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   Form #260, 9 Sept 2011 (Page 3 of 4)
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: __________________________________________
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: ______________

Form #280, 9 Sept 2011
This form is assigned to Administrative Team.
<table>
<thead>
<tr>
<th>Date</th>
<th>Name/Group</th>
<th>Equip/Qty</th>
<th>Due Date</th>
<th>Return Date</th>
<th>Initial</th>
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</table>

Form #290, 9 Sept 2011 (Portrait view)
### EQUIPMENT CHECK-OUT FORM

<table>
<thead>
<tr>
<th>Date</th>
<th>Name/Group</th>
<th>Equipment &amp; Quantity</th>
<th>Due Date</th>
<th>Return Date</th>
<th>Initial</th>
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</tbody>
</table>

Form #290, 9 Sept 2011 (Landscape view)
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: __________________________

Form #300, 12 Oct 2012 (Change 3 approval)
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

<table>
<thead>
<tr>
<th>Date Taken</th>
<th>Name and Phone Number</th>
<th>Key Number</th>
<th>Date Returned</th>
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<tbody>
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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.

Form #310, 9 Sept 2011
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

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

Form #330, 9 Sept 2011 (Page 1 of 2)
9) Financial Accountability: Develops and recommends a budget in support of approved goals and objectives. Controls expenditures within budget allocations.

10) Achievement- Achieved stated goals and action plans for this position.

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

Form #340, 9 Sept 2011
This form is assigned to: Administrative Team.
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) __________
PHONE TREE REQUEST

Date Submitted

Committee: ____________________________________________

Requested by: __________________________________________

Date Needed: __________________________________________

Text: __________________________________________________

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Form #360, 9 Sept 2011
This form is assigned to: Church Office. (8 Feb 2013)
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 ______________________

Form #365, 4 May 2012, This form assigned to Administration Team, P&P Committee
Change 2 Package, 4 May 2012.
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.

Form #370, 9 Sept 2011
Fairfield Glade First Baptist Church  
130 Towne Centre Way, Crossville, TN 38571  
931-484-6927

SUNDAY SCHOOL ATTENDANCE TALLY SHEET

DATE: ____________________  
WEEK #: ________________

<table>
<thead>
<tr>
<th>Classes</th>
<th>Members Present</th>
<th>Visitors</th>
<th>New Members</th>
<th>Total Present</th>
<th>Total Contacts</th>
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<tbody>
<tr>
<td>Agape AD1</td>
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<td>Berean AD2</td>
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<td>Builders AD3</td>
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<td>Challengers AD4</td>
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<td>Encouragers AD5</td>
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<td>Maranatha AD9</td>
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<td>College &amp; Career – Bill Putnam’s Class</td>
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<td>Couriers</td>
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<td>Consider The Lilies</td>
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<td>Senior Youth Y2</td>
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<td>Junior Youth Y1</td>
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<tr>
<td>Older Children CLD3</td>
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<tr>
<td>First &amp; Second Grade CLD1</td>
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<tr>
<td>Preschool PS1</td>
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<tr>
<td>Nursery</td>
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<tr>
<td>General Officers GO</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTALS:**

Enrollment ___________________________ Attendance Last Week _____________

Attendance Last Year _______________

Form #390, 9 Sept 2011
SUPPLY ORDER REQUEST

Date: ___________________________

Team: ___________________________________________________________

Requested By: ______________________________________________________

Approved by: ___________________________________________ Date: _____________
(Team Leader)

Vendor/Company: ____________________________________________________

Items Needed:

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
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</thead>
<tbody>
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</tbody>
</table>

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
## TAPE/CD REQUEST FORM

<table>
<thead>
<tr>
<th>SERVICE DATE:</th>
<th>9:00 AM</th>
<th>10:30 AM</th>
<th>6:00 PM Sunday</th>
<th>6 PM Wed Prayer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOKESMAN</td>
<td>TOPIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME OF REQUESTER</td>
<td>TELEPHONE</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(Please complete and submit to an usher, member of the staff, or the church office)*

*Recorded by Bob Lunn*

---

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

---

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

## TAPE/CD REQUEST FORM

<table>
<thead>
<tr>
<th>SERVICE DATE:</th>
<th>9:00 AM</th>
<th>10:30 AM</th>
<th>6:00 PM Sunday</th>
<th>6 PM Wed Prayer Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPOKESMAN</td>
<td>TOPIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME OF REQUESTER</td>
<td>TELEPHONE</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
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</tr>
</tbody>
</table>

*(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 ___________

<table>
<thead>
<tr>
<th>Date</th>
<th>M</th>
<th>TU</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
<th>M</th>
<th>TU</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
<th>Total Hours</th>
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</tr>
</tbody>
</table>

Financial Secretary

Employee signature

Form #420, 9 Sept 2011
TIME SHEET – INSTRUMENTALISTS (Per Diem Musicians)

TIMESHEET FAIRFIELD GLADE FIRST BAPTIST CHURCH
Instrumentalists 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)

<table>
<thead>
<tr>
<th>Date</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
<th>M</th>
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<th>W</th>
<th>Total</th>
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</tbody>
</table>

GRAND TOTAL _________

Employee signature _______________________________ Approved _______________________________

Form #430, 9 Sept 2011
**TIME SHEET – SECRETARIES**

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

Name:  

Dates  
From  
To  

<table>
<thead>
<tr>
<th>Payroll Classification</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Total Hours</th>
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<tbody>
<tr>
<td>Pastor's Secretary</td>
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</table>

TOTAL  

Employee signature  

Approved  

Form #440, 9 Sept 2011
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: _______________________________________________________

<table>
<thead>
<tr>
<th>Travel Expense</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Weekly Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
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<td>Auto Mileage</td>
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<td>Tolls/Parking</td>
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<td>Purpose of Ministry</td>
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<td>Daily Total</td>
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</tbody>
</table>

**Total Expenses**  
**Total for Payment**

Date: _____________________ Signature: __________________________

Approved By: ______________________ Date: ________________

Signature: ________________________________________________

11/3/2011  Form #450  
This form assigned to Administrative Team.
TYPING AND/OR PHOTOCOPY REQUEST

Request Date: ___________  Committee: __________________________ Date Required: ___________
Requested By: ________________________________  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

VEHICLE RESERVATION (FFGFBC CHURCH-OWNED)

Van _____     Mini-Bus _____

REQUESTOR:  (Print)

DATE OF REQUEST

TRIP BEGIN DATE:        RETURN DATE:

DRIVER*: ____________________________  2nd ADULT _______________________

*Driver's Name is required prior to approval

DESTINATION:

PURPOSE: ____________________________________________________________

______________________________________________________________

BILLING ACCOUNT #/GROUP: ____________________________

STAFF APPROVAL: ________________________________

DATE APPROVED: ________________________________

DATE GROUP NOTIFIED: ____________________ BY: _______________________

Form #470, 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

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.
For the Volunteer Application Form, see Confidential Volunteer Application Form, Form #200.
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: ________________________________

Form #490, Revised 12 Oct 2012 (Change 3 Pkg)
WEEKLY DEPOSITS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
<th>ATT</th>
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</thead>
<tbody>
<tr>
<td>4000</td>
<td>General Tithes &amp; Offerings</td>
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</tr>
<tr>
<td>5610</td>
<td>Missions</td>
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<tr>
<td></td>
<td>Other</td>
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<tr>
<td>1000</td>
<td>Total Deposit</td>
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<tr>
<td>1100</td>
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<tr>
<td></td>
<td>Bldg. Fund YTD</td>
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</tbody>
</table>

TOTAL DEPOSITS

Form #500, 9 Sept 2011
This form is assigned to the Administrative Team.