

School/Community-Based Good News Club Information Sheet

School Year: 2025-2026



Team Leaders: All members of your team are required to complete the following: **a.** Child Protection Policy Application: (Background check - good for 5 years), **b.** Procedures Training, and **c.** Wordless Book Training. (b & c one-time trainings), **d.** Baltimore City Volunteer Fingerprinting Process, Baltimore County Volunteers complete an Application and the Orientation/Training Session. **e.** Submit a CEF Yearly Compliance Form.
(All volunteers in Good News Clubs must adhere to these requirements.)

SCHOOL: _____
 School Address: _____
 City/State/Zip: _____
 Principal: _____
 Phone: _____

CHURCH: _____
 Church Address: _____
 City/State/Zip: _____
 Pastor: _____
 Phone: _____
 Email: _____
 Website: _____
 CEF Amb/Rep: _____

Club Day: _____
 Club Time: _____ --
 Club Location: _____
 Permission slips given: _____
 Club Start Date: _____

COMMENTS:

MAIN CLUB CONTACTS

Team Leader:		Cell Phone #:	
Address:		Alt. Phone#:	
City/State/Zip			
Email:			
<input type="checkbox"/> CPP Forms completed previous year	<input type="checkbox"/> Yearly update	<input type="checkbox"/> All CPP Forms completed	<input type="checkbox"/> ID badge issued

Club Coord:		Cell Phone #:	
Address:		Alt. Phone#:	
City/State/Zip			
Email:			
<input type="checkbox"/> CPP Forms completed previous year	<input type="checkbox"/> Yearly update	<input type="checkbox"/> All CPP Forms completed	<input type="checkbox"/> ID badge issued

Main Teacher:		Cell Phone #:	
Address:		Alt. Phone#:	
City/State/Zip			
Email:			
<input type="checkbox"/> CPP Forms completed previous year	<input type="checkbox"/> Yearly update	<input type="checkbox"/> All CPP Forms completed	<input type="checkbox"/> ID badge issued

These individuals will be the main contacts for your club.

Responsibility Overview: The Club Coordinator will send in monthly statistics by the 5th of each month; the Prayer Coordinator will send prayer requests as needed; the Main Teacher & Grade Shepherds will be notified of upcoming training and Lesson Series workshops.

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ADDITIONAL TEAM MEMBERS

Please feel free to copy this form as needed to provide contact information for each team member

On-Line Technician:		Cell Phone #:	
Address:		Alt. Phone#:	
City/State/Zip:			
Email:			
<input type="checkbox"/> CPP Forms completed previous year	<input type="checkbox"/> Yearly update	<input type="checkbox"/> All CPP Forms completed	<input type="checkbox"/> ID badge issued

Role in Club:		Cell Phone #:	
Name:		Alt. Phone#:	
Address:			
City/State/Zip:			
Email:			
<input type="checkbox"/> CPP Forms completed previous year	<input type="checkbox"/> Yearly update	<input type="checkbox"/> All CPP Forms completed	<input type="checkbox"/> ID badge issued

Role in Club:		Cell Phone #:	
Name:		Alt. Phone#:	
Address:			
City/State/Zip:			
Email:			
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Role in Club:		Cell Phone #:	
Name:		Alt. Phone#:	
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City/State/Zip:			
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Role in Club:		Cell Phone #:	
Name:		Alt. Phone#:	
Address:			
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