

**Atherton Baptist Church  
2024 Teachers Training Program  
Teacher's Training Enrollment Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone(     ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ How Long? \_\_\_\_\_

**Biographical Data:**

Birthdate: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced \_\_\_\_\_

If married, spouse's name \_\_\_\_\_

**Children names and ages:**

_____	_____
_____	_____
_____	_____

**Christian experience:**

Are you a Christian? \_\_\_\_\_ Date of conversion: \_\_\_\_\_

Give a brief description of your conversion (How and when you were saved).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe what prompted your desire to teach.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The \$35.00 materials fee is due at the time the enrollment form is submitted to the Christian Ed office. Checks should be made payable to "Atherton Baptist Church."

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**What do you feel is your greatest strength?** \_\_\_\_\_

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**What do you feel is your greatest personal weakness?** \_\_\_\_\_

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**List any teaching experience or training you have already had and when you had it below:**

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**Do you know what your spiritual gift(s) you have?**

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**If your desire is to teach, what age group would you prefer and why?**

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At completion of the Atherton Teachers' Training Program, you are expected to student teach and/or teach in a Bible Study, Bible enrichment Class, or in the Children and Youth Ministries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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