

# NEW SOUTH RIVER BAPTIST ASSOCIATION

## 2018 TOY STORE MINISTRY APPLICATION

- Applications must be returned to New South River Baptist Association, PO Box 298 Fayetteville, NC 28302.
- **NOVEMBER 26, 2018 DEADLINE TO RETURN APPLICATIONS.**

Shopper's Name \_\_\_\_\_

- The person listed above is the only person who will be allowed to participate in the Toy Store Ministry, **NO SUBSTITUTIONS.**
- The person listed above must present a form of picture identification at the time of "check-in."

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Only one (1) recipient will be accepted from each address.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Each Recipient will be contacted by "traditional mail" by **December 5<sup>th</sup>** with their designated time and date to "shop."

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Children you wish to "Shop" for:

- must presently be living full time with the "Shopper."
- must be between 2 and 12 years of age.
- you may list up to 4 children per family.
- you will only be able to shop for the children and the ages of the children listed below.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl

1 toy I would like to give to this child \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl

1 toy I would like to give to this child \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl

1 toy I would like to give to this child \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl

1 toy I would like to give to this child \_\_\_\_\_

- The completion and submitting of an application **DOES NOT** guarantee that you will receive help from the *NSRBA Toy Store Ministry*, or that any specific "toy" will be available.

### **Applicant's Statement:**

I certify that all of the information that I have given on this application is true. I understand that any wrong or misinformation given on this application will disqualify me from this ministry.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Church making referral \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **Pastor's Statement:**

I have met with this person and verified that they have a need for this ministry at this time.

Pastor's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Each Application **MUST** be referred by a Pastor and include the *Pastor's phone number and actual signature*,

**NO photo copies of signatures please.**

- Any church not associated with the New South River Baptist Association is asked to give **\$5.00 for each referral.** (If sending a check, please make checks payable to "New South River Baptist Association" and please note on the check *Toy Store Ministry*.)
- Limit 5 applications from each church.