



HARVEST

BIBLE CHAPEL

Office Use Only		
	<u>Date</u>	<u>Initial</u>
Complete App:	_____	_____
Marked in DB:	_____	_____
Background CK:	_____	_____
Ministry:	_____	_____

Application for Student Ministry Volunteers

Personal Information

(All Information below must be complete in order to process your application)

Name: First: _____ Middle Initial: _____ Last: _____

Gender: M F Date of Birth: ____/____/____ Maiden Name: _____

Driver's License # : _____ State: _____ Social Security #: _____

Address: _____ City: _____ State & Zip: _____

Home Phone: _____ Email: _____

Employer: _____ Occupation: _____

Work Phone: _____

Church Information

If you do not attend Harvest, what is your religious or church background? _____

If you do attend Harvest, how long have you been attending ? _____ Member: Yes No

Have you completed Peak Performance: Yes No

What ministry department are you completing this application for:

_____ Jr. High Ministry

_____ High School Ministry



Spiritual Information

How did you come to a conversion experience or an experience of salvation? _____

What are you doing to grow spiritually and what is God trying to change in you currently? _____

Can you explain the gospel in your own words? _____

Can you tell us very simply why you have chosen to pursue ministry with children/youth? _____

Experience

What experience have you had working with children/youth? _____

Who was your supervisor in that experience?

Name: _____ Phone: _____

What other related experience have you had outside of Harvest _____

Who was your supervisor in that experience?

Name: _____ Phone: _____

If you attend Harvest what other ministries at HBC do you currently serve in? _____

Who do you report to in those ministries? _____

If you have participated in the past in other ministries here at Harvest please list. _____

Who were your supervisors or pastors in those ministries? _____



References

Please list 3 references (please do not list relatives)

1. Name: _____ Phone: _____
Relationship to you: _____ Work Phone: _____

2. Name: _____ Phone: _____
Relationship to you: _____ Work Phone: _____

3. Name: _____ Phone: _____
Relationship to you: _____ Work Phone: _____

Have you ever had to deal with the issue of child abuse (being abused yourself, committing child abuse, or being accused of child abuse)? If so, could you explain?

Are you presently or have you ever abused. . .

_____ Illegal drugs _____ Printed Pornography _____ Alcohol
_____ Electronic Pornography _____ Tobacco _____ Other legal drugs

Have you ever been arrested for or convicted of illegal use of drugs, pornography, or abuse of a child? Yes No

Explain:

Authorizations

I authorize Harvest Bible Chapel or other outside service company employed & engaged by Harvest for the purpose of performing a criminal background investigation, to seek information from the references listed on this application. I also authorize any references, churches and others listed in this application to give information (including opinions) that they may have regarding my character and fitness for work with children or youth.

I attest and affirm that the information included in this application is both honest and complete in any area information is requested.

I voluntarily release Harvest Bible Chapel and any person, organization from any liability regarding the communication of information regarding my background or qualifications.

I waive any right that I may have to inspect any information provided about me by those I have listed in this application.



(Signature)

(Date)

