

JUNIOR HIGH MINISTRY ADULT VOLUNTEER APPLICATION

Thank you for taking the time to share with us about you. We want you to know that the following information will be confidential and only shared with appropriate pastoral staff that we deem necessary.

General Information

Name _____ Date _____

Email _____

Address, City, Zip _____

DOB: _____ Phone: (H) _____ (W) _____

E-mail: _____ @ _____ . _____

Occupation: _____ Employer: _____

Work: Part Time _____ Full Time _____ Student _____

Marital Status: Single _____ Married _____ Divorced _____ Wedding Anniversary _____

Spouse's Name _____

Education

High School _____ Yr. Graduated _____

College _____ Yr. Graduated _____

Degree _____

Personal

Please write a brief testimony about how and when you became a Christian . . .

How would you describe your spiritual walk now?

What accountability to your spiritual walk do you have?

What people or experiences have been most significant in your growth as a Christian?

What do you do when you have conflict with someone? How do you handle confrontation?

*Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in the junior high ministry?
(Relationships, other commitments, etc.)*

Legal/Lifestyle Concerns

In caring for students, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and loving relationships. Any special concerns can be discussed individually with the pastoral staff.

Are you using illegal drugs? Yes No

*Have you ever gone through treatment for alcohol or drug use? Yes No
If yes, please describe:*

Do you have any habits that would impact your commitment or involvement in junior high ministry?

What is your view on drinking alcohol or using drugs?

Have you ever been arrested and/or convicted of a crime? _____ Yes _____ No
If yes, please describe:

Have you had any sexual relations with any minor after you became an adult? ___ Yes ___ No

Have you ever been accused of or convicted of any form of child abuse? _____ Yes _____ No
If yes, please describe:

Are you willing to be finger printed for State Criminal Conviction Clearing? _____ Yes _____ No

Ministry

How long have you attended Metro Calvary Chapel?

What other ministries have you been involved in and reasons for ending that ministry?

Have you ever been in a youth ministry before, as either a student or adult leader?
Describe your impressions of the experience . . .

What spiritual gifts do you feel you have and how would you like to use them in this youth ministry?

Do you have any special skills that could be helpful to the junior high ministry? (drama, music, sports, etc.)

Why do you want to work in the junior high ministry?

What are some of your expectations of the youth ministry and staff?

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Metro Calvary Chepl or its representatives to release any and all records or information relating to working with minors. The church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker.

I understand that the personal information will be held confidential by the professional church staff.

Signature: _____ Date: _____