

MEDICAL HISTORY

Do you have any medical conditions? No Yes (describe) _____

Do you take any medications? No Yes (list medications, reason and possible side effects)

Do you have any physical handicaps or conditions preventing you from performing any type of activity?

No Yes (describe) _____

EDUCATION

High School Name _____ Graduation Date _____

College / Other Name _____ Graduation Date _____

PERSONAL REFERENCES (we will contact these references)

1. _____
NAME EMAIL ADDRESS (REQUIRED) PRIMARY PHONE

2. _____
NAME EMAIL ADDRESS (REQUIRED) PRIMARY PHONE

PERSONAL PROFILE

Have you made a personal commitment to Jesus? Yes No When? _____

What church do you currently attend? _____

Pastor's full name & email _____

Do you have experience working with abused children and/or teenagers? No Yes (describe)

Circle ALL the words that accurately describe you.

- TIMID GENTLE IMPATIENT MODEST NERVOUS LOVING MATURE SARCASTIC
- PATIENT ANGRY DELIBERATE CONGENIAL STUBBORN KIND STUDIOUS SELFISH
- SECURE CONSIDERATE ABRASIVE TRUSTWORTHY MOTIVED VERBAL ORGANIZED
- IMPULSIVE INTELLIGENT INSECURE RELAXED TACTFUL COMPASSIONATE

List your top 5 strengths in working with children and/or teens (be specific, but don't stress over it):

1. _____
2. _____
3. _____
4. _____
5. _____

List your top 5 weaknesses in working with children and/or teens (be specific, but don't stress over it):

1. _____
2. _____
3. _____
4. _____
5. _____

Describe why you wish to serve in the area you've chosen. _____

Have you ever been arrested for a criminal offense? No Yes

Have you ever been convicted of or plead guilty to a crime? No Yes

Have you ever been arrested for sexual misconduct? No Yes

Have you ever been convicted of or plead guilty to sexual misconduct? No Yes

Have you ever taken drugs other than prescription drugs? No Yes

If you answered "yes" to any of the above, please explain. _____

For mentors only:

If you attended a teen camp, list the name of the teen you would like to mentor.

APPLICANT'S STATEMENT

The information contained on this application is correct to the best of my knowledge. I authorize you to contact my listed references and pastor (if applicable) listed on this application.

Please be advised that a criminal history check will be requested as authorized by state law.

Name (printed) _____ Date ____/____/____

Signature _____