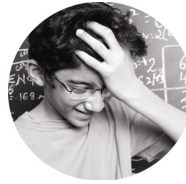


BUILDING THE CHURCH BY MINISTERING TO PARENTS



LEADER

MY AVAILABILITY

- Sunday Morning
- Extra Meetings
- HIGH FIVE

I PREFER

- Birth - 2 yrs of age
- K-3 - Kindergarten
- 1st - 2nd Grade
- 3rd - 5th Grade

I CAN SERVE

- Every 8 Weeks
- Backup
- Special Services

HARVEST
BIBLE
CHAPEL
Cincinnati

www.harvestcincinnati.org

A P P L I C A T I O N

PERSONAL INFORMATION

(All information below must be complete in order to process you application)

Full Name: _____

Maiden Name (If applicable): _____

Gender: M F Date of Birth: _____

Social Security # _____ - _____ - _____
(Needed for background check for ADULTS only. Do not use for Junior Volunteers.)

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Employer: _____

Occupation: _____ Work Phone: _____

CHURCH INFORMATION

How long have you been attending? _____

Are you a Regular Attender?: Yes No

Do you attend worship services on a regular basis? _____

EXPERIENCE

What experience have you had working with children/youth?

SPIRITUAL INFORMATION

Please share with us your salvation story. (What you were before Christ, how God opened your eyes, and how He has changed you.) _____

What do you do to grow in your relationship with God? _____

Please share with us two or three of your favorite Scripture passages and why they are special to you. _____

Why is working for Christ (shouldering weekly Kingdom responsibilities) important? _____

What other related experience have you had outside of Harvest? _____

What other ministries at HBC do you currently serve in? _____

REFERENCES

Please list three references. Reference may be contacted in case of verification or clarification (please do not list relatives)

1. Name: _____

Relationship to you: _____ E-mail: _____

2. Name: _____

Relationship to you: _____ E-mail: _____

3. Name: _____

Relationship to you: _____ E-mail: _____

ADULTS ONLY (please answer each question)

Applicant's Name: _____

Have you dealt with the issue of child abuse (committing child abuse or being accused of child abuse)? Yes No

If yes, please explain: _____

Are you presently or have you ever abused. . .

___ Illegal drugs ___ Pornography ___ Alcohol ___ Legal drugs

If yes, please explain: _____

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

If yes, please explain: _____

AUTHORIZATIONS & UNDERSTANDINGS

1. I understand that I should attend Harvest Bible Chapel services when not serving in Harvest Kids.
2. I understand my need to prepare my heart to serve to be effective in the ministry I am serving.
3. I will arrive at least 30 minutes before start of service when I'm scheduled to serve.
4. I will stay in the class and engage children in activities as I am able.
5. I will participate in classroom activities and large group times.
6. I will model respect of authority for the children by listening to upfront adults and submitting to adult leadership.
7. I will be flexible and move to other rooms as needed.
8. I will notify appropriate ministry staff if I can not serve on the weekend I'm scheduled.
9. I will abide by all check in and check out procedures designed to create the safest possible ministry environment.

I authorize Harvest Bible Chapel, or other outside service company employed and 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) they may have regarding my character and fitness for work with children or youth.

I attest and affirm the information included in this application is both honest and complete.

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

I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature

Date