

Elevate Volunteer Application

General Information

name: _____ today's date: _____

complete mailing address: _____

e-mail: _____ sign up for our E-mail Newsletter? Yes No

date of birth: _____ home phone: _____

occupation: _____ business phone: _____

employer: _____ cell / beeper: _____

work status: part time full time student

time availability: as needed call special events
 wednesdays sundays saturdays week days weekends
 fall quarter spring quarter summer quarter winter quarter

marital status: single married divorced separated widowed
 children no children

spouse's name: _____

applicant emergency contact: _____ phone: _____

driver's license #: _____ state: _____

high school: _____ year graduated: _____

college / trade school: _____ year graduated: _____
degree: _____ minor: _____

other education: _____ year graduated: _____

Personal and Spiritual History

What are some sports and hobbies you are interested in? (select all that apply)

- | | | | | | | |
|-----------------------------------|------------------------------------|---------------------------------------|--|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> aerobics | <input type="checkbox"/> badminton | <input type="checkbox"/> baseball | <input type="checkbox"/> basketball | <input type="checkbox"/> chess | <input type="checkbox"/> collect cards | <input type="checkbox"/> cooking |
| <input type="checkbox"/> dancing | <input type="checkbox"/> drawing | <input type="checkbox"/> field hockey | <input type="checkbox"/> football | <input type="checkbox"/> golf | <input type="checkbox"/> horse riding | <input type="checkbox"/> movies |
| <input type="checkbox"/> music | <input type="checkbox"/> painting | <input type="checkbox"/> reading | <input type="checkbox"/> rollerblading | <input type="checkbox"/> running | <input type="checkbox"/> shopping | <input type="checkbox"/> skateboards |
| <input type="checkbox"/> soccer | <input type="checkbox"/> softball | <input type="checkbox"/> stamps | <input type="checkbox"/> swimming | <input type="checkbox"/> tennis | <input type="checkbox"/> watching TV | <input type="checkbox"/> wrestling |

other: _____

What are some skills and talents that you possess? (select all that apply)

- | | | | | | | |
|--|--------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> arts & crafts | <input type="checkbox"/> automobiles | <input type="checkbox"/> baking | <input type="checkbox"/> building | <input type="checkbox"/> computing | <input type="checkbox"/> drama | <input type="checkbox"/> electronics |
| <input type="checkbox"/> finances | <input type="checkbox"/> internet | <input type="checkbox"/> leadership | <input type="checkbox"/> music | <input type="checkbox"/> photos | <input type="checkbox"/> sewing | <input type="checkbox"/> public speaking |
| <input type="checkbox"/> typing | <input type="checkbox"/> web design | <input type="checkbox"/> woodwork | <input type="checkbox"/> writing | _____ | | |

other: _____

Write a **brief testimony** about how you became a Christian (include date).

Write briefly about significant events in your life that have impacted you spiritually.

Describe three major ways in which you have grown in your spiritual journey since you became a Christian.

How do you describe your spiritual journey now?

What accountability do you currently have in your spiritual journey?

What do you do when you have a conflict with someone? Would you consider yourself "good" at handling confrontation? 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 youth ministry? (e.g. relationships, other commitments, etc.)

Legal and 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 nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individual with the pastoral staff.

Are you using illegal drugs? yes no

Have you ever gone through treatment for alcohol or drug abuse? yes no
If yes, please describe.

What is your view on drinking alcohol? _____

Have you ever been arrested and / or convicted of a crime? yes no
If yes, please describe.

Have you ever had sexual relations with any minor after you became an adult? yes no

Have you ever been accused or convicted of any form of child abuse? yes no
If yes, please describe.

Have you ever been a victim of any form of child abuse? yes no

If yes, would you like to speak to a counselor or pastor? yes no

Are you willing to be finger printed for State Criminal Conviction Clearing? yes no

Ministry

How long have you attended Destiny Foursquare Church? _____ Are you a member? yes no

List the date and activities of other ministry experiences here at Destiny Foursquare Church, and the reasons for ending that ministry.

date stated	ministry / activity	date ended	reason

Describe any other ministry / church experience you have been involved with.

What spiritual gifts do you feel you have? (select all that apply)

- administering apostle and missions encouragement evangelism exhortation faith
 giving healing helping hospitality interpretation of tongues knowledge
 leadership mercy miracles pastoring preaching prophecy serving
 teaching tongues wisdom

other: _____

How do you see yourself using your spiritual gifts in ministry?

Why do you want to do youth ministry?

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

Please include information for three non-family references that we may contact in regards to you joining our ministry team:

Reference #1 Name: _____ phone: _____
complete mailing address: _____
relation: friend former employer former pastor / ministry leader other _____

Reference #2 Name: _____ phone: _____
complete mailing address: _____
relation: friend former employer former pastor / ministry leader other _____

Reference #3 Name: _____ phone: _____
complete mailing address: _____
relation: friend former employer former pastor / ministry leader other _____

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Destiny Foursquare Church or its representatives to release any and all records or information relating to working with minors. Destiny Foursquare 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 in this application will be held confidential by the professional Church staff.

signature: _____ today's date: _____