



CHILDREN'S/YOUTH MINISTRY QUESTIONNAIRE

This survey is to be completed by those desiring a ministry position involving the supervision of minors. It is being used to provide a safe and secure environment for those who participate in our programs and use our facilities.

PERSONAL INFORMATION

Name _____ Birth date (m/d/y) _____
First Last

Other Names Used (alias, maiden, nickname): _____

Address _____
Street City State Zip

Home Phone _____ Cell phone _____

E mail(s) _____

EMPLOYMENT

Occupation _____ Work phone _____

Place of Employment _____

Do you have any medical or CPR certification? _____

CHURCH INVOLVEMENT

I attend Harvest How long _____ Member _____

If you have attended Harvest less than 6 months:

Church (if any) previous to Harvest _____

Location _____ How long _____

I currently attend another church

Name _____ How long _____

Staff Contact Name _____ Phone _____

Name of Personal Contact at Harvest _____

CHRISTIAN TESTIMONY

Have you trusted in Jesus Christ as your Savior? Yes ____ No ____

Briefly describe how you became a Christian and your spiritual walk since then.

MINISTRY

What area of ministry do you wish to be involved in? _____



What prompted you to consider volunteering with children or youth ministry at Harvest?

What previous leadership/volunteer experiences have you had with children or youth?

Have you had any special training that has prepared you to work with children or youth?

Please list other ministries at Harvest that you are currently involved in.

PERSONAL REFERENCES (References should not be related to you)

Name _____ Phone (s) _____

Address _____
Street City State Zip

Relationship _____ Email _____

How long have you known this person? _____

Name _____ Phone (s) _____

Address _____
Street City State Zip

Relationship _____ Email _____

How long have you known this person? _____

I verify that the above statements are true, and give permission for reference checks as needed

I have read the attached child/youth protection policies of Harvest Community Church and agree to abide by them.

SIGNATURE _____ **DATE** _____

Church Use Only:

Date of National Background Check clearance _____

References checked

Volunteer approved: yes no by _____

Ministry Leader notified

Comments:

