Harvest Time Church
Application for Children and Youth Work (Version 2003.08)

This application is to be completed by all applicants for any position (whether volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

DATE: _____

Personal Information:

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

Telephone, including area codes: (Home) _____ (Work) _____ (Cell) _____

E-mail address: _____ Best hours to contact: _____

What type of children or youth work do you prefer? _____

_____

_____

When would you be able to begin? _____

Do you have any physical conditions which might prevent you from performing certain activities? [ ] No [ ] Yes

If your answer to the previous question is "Yes," please explain: _____

_____

Other than minor traffic violations, have you ever been convicted of a criminal offense or been placed in a pretrial criminal diversionary program (for example, in Connecticut, the Accelerated Rehabilitation or Alcohol Education programs)? [ ] No [ ] Yes

If your answer to the previous question is "Yes," please explain: _____

_____

Church Information:

Are you a Christian? [ ] No [ ] Yes When were you saved? _____

Have you been baptized in the Holy Spirit according to Acts 2:4? [ ] No [ ] Yes When? _____

List the names and addresses of churches you have regularly attended in the past (5) years and the approximate dates:

_____

_____

_____

List all previous church work involving children or youth. Name the church and the dates of your involvement.

_____

_____

_____

List any gifts, callings, training, education or other factors that have prepared you for children or youth work.

_____

_____

_____

Personal References:

Name of Friend: _____ Employer/Business Associate: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Applicant's Statement

Please check all boxes below which apply:

- ☐ The information contained in this application is correct to the best of my knowledge and belief. I understand that Harvest Time Assembly of God, Inc., its agents, servants and employees, will rely in part on this information in order to determine my eligibility to work with children or youth.
- ☐ I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children/youth work and I release all such references and churches from liability for any damage that may result from furnishing such evaluations. I further understand and consent that this application and letters or evaluations received from references or churches listed within it may be viewed by Harvest Time Assembly of God, Inc., its agents, servants and employees.
- ☐ I wish to retain the right to review information given concerning me by the references or churches listed in this application, but I release all such references and churches from liability for any damage that may result from furnishing such evaluations.
- ☐ I authorize Harvest Time Assembly of God, Inc., its agents, servants and employees to obtain, to the extent permitted by law, a criminal background check utilizing the information I have supplied in this application.
- ☐ Should my application be accepted, I agree to abide by the Constitution & Bylaws of Harvest Time Assembly of God, Inc. in the performances of my services on behalf of the church.

_____ _____

Applicant's Signature Date:

_____ _____

Witness's Signature Date: