

HARVEST CHURCH CHILDREN'S WORKER APPLICATION

CONFIDENTIAL

HARVEST CHURCH CHILDREN'S MINISTRY WORKER APPLICATION

This application is to be completed by all applicants for any position (volunteer or compensated) within Harvest Church. It is being used to help the church provide a safe and secure environment for those who participate in our programs and use of facilities.

_____ Date

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Email: _____

Male Female Birth date: _____ Marital Status: _____ No. of children: _____

Spouse's name (*if married*): _____ Anniversary Date (*if married*): _____

Is your spouse involved in a Harvest Church Ministry? Yes No If yes, where: _____

Maiden name: _____ Your SS# ('s) present and past: _____

Alias (or other name you've gone by): _____

Present Employer: _____

May we call you at work? _____ Work phone: (____) _____

Are you a member of Harvest Church: ____ How long have you attended Harvest Church: ____

Have you been born again: ____ If yes, where: _____ Year: _____

Have you been filled with the Holy Spirit (*according to Acts 2:4*): _____

If yes, where: _____ Year: _____

Have you been baptized in water: ____ If yes, where: _____

Do you tithe on a regular basis to Harvest Church: _____

Have you ever completed a Harvest Church Ministry Application before: Yes ____ No ____

If yes, for what department? _____ And when? _____

DO YOU BELIEVE:

Yes No

____ In the virgin birth and deity of our Lord Jesus Christ?

____ That Jesus is God's Son and the only sacrifice for sin?

____ That man must be born again to receive eternal life?

____ In eternal reward for the believer? (Heaven)

____ In eternal damnation for the lost? (Hell)

____ In the infallibility of the scriptures?

____ That divine healing is part of the redemption's purchase and is God's will for all who believe?

____ That Jesus arose bodily from the dead?

____ In the infilling of the Holy Spirit?

____ That speaking in tongues is the initial physical evidence of the Baptism in the Holy Spirit?

HARVEST CHURCH WORKER APPLICATION

List (name and address) of other churches you have attended regularly during the past five years:

List any gifts, callings, training, education, or other factors that have prepared you for Christian service:

Have you ever led anyone to Christ? _____

Have you ever helped anyone receive the Baptism in the Holy Spirit? _____

Have you ever been involved in helps ministries before? _____

If yes, in what areas? _____

With what church or organization? _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to helps ministries? _____ Yes _____ No

If yes, please explain: _____

Have you ever been accused of and-or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? _____ Yes _____ No

If yes, please explain: _____

Have you ever been involved in homosexual activity within the last five years? ____ Yes ____ No

Do you presently have any communicable diseases (*including HIV or AIDS*)? ____ Yes ____ No

If yes, please explain: _____

Do you smoke? _____ Drink? _____ Use illegal drugs? _____

Why do you want to be involved in Harvest Church Children's Ministry? _____

Harvest Church
Children's Ministries
Qualifications for Children's Workers

Christians who are in places of responsibility in the church are required to be examples in faith, conduct, and business affairs. To maintain a high standard for workers is one of the best ways to present Christ to the people of our community. Therefore, the following guidelines will be required of any person who works in the Children's Ministry Department of HARVEST CHURCH.

1. I agree with the statement of faith of Harvest Church.
2. I embrace the vision of Harvest Church. (Proverbs 29:18)
3. I submit to the spiritual authority of the pastors of Harvest Church. (Hebrews 13:17)
4. I agree to financially support Harvest Church. (I Corinthians 16:2)
5. I agree to regularly attend the services of Harvest Church. (Hebrews 10:25)
6. I am a member or I am in the process of becoming a member.
7. I agree to make a minimum of a one year commitment.
8. I agree to complete a Children's Ministry Application.
9. I agree to be faithful to my assigned position.
10. I agree to live a separated Christian life.
11. I agree to attend all workers' meetings.
12. I commit that in the event of my absence I will secure a substitute or trade or give enough notice for the director of my department to replace me.
13. I agree to be at my designated class at least thirty (30) minutes before class.
14. I agree to be neat in my appearance.
15. I agree that my home life must be in order.
16. I commit to come to class prepared.

Please read and sign:

I have read the above qualifications and pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above qualifications is grounds for dismissal.

(Signature)

(Date)

Harvest Church
Children's Ministries
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(Signature)

(Date)

Applicant's Copy

Harvest Church
Authorization For Release of Information

In connection with my application for volunteer service with Harvest Church, I authorize Harvest Church and, or, ACCUFAX Div., to solicit background information relative to my criminal record history. I understand that Harvest Church may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by Harvest Church, or ACCUFAX Div., for purposes of obtaining background report information, to furnish the above mentioned information.

I release Harvest Church, their respective employees, or ACCUFAX Div., and employees and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing such information or reports.

Please Print

Last Name _____ First Name _____ Date of Birth _____

City of Birth _____ County _____ State _____

AKA or Maiden Name _____ Social Security Number _____

(Please note; if your address is a rural route or post office box, we must have the city and county that your mail is delivered to.)

Current Address _____ How long at this address? _____
(Months, years)

City _____ County _____ State _____ Zip Code _____

Previous Address _____ How long at this address? _____
(Months, years)

City _____ County _____ State _____ Zip Code _____

Signature _____ Date _____

Thank you for applying to help in the Children's Ministry of Harvest Church.

*Please return this form with your Children's Ministry Application to the
Harvest Center Office
1653 Willow Pass Road Suite B
Concord, CA 94520
Or give directly to Pastor Mike or Miss Terry*

Witness: _____ Date: _____