



IPHC RIVER OF LIFE MINISTRIES/PA CONFERENCE APPLICATION FOR CHILDREN/YOUTH WORKER



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

PERSONAL

Date: _____ Adult T-Shirt Size: S M L XL XXL XXXL

_____ SEX: M F
Last Name First Name Middle Initial Circle One

_____ Street Address City/State Zip Code

_____ Date of Birth Home Telephone Number Cell Phone Number Social Security Number

Marital Status: Married _____ Single _____ Divorced _____ Remarried _____ Widowed _____

Are there any habits or practices in your life that could harm your Christian testimony? (Example: smoking, alcohol, drugs, pornography, etc.) If yes, please explain: _____

Have you ever been convicted of a criminal offence (excluding minor traffic violations)? If yes, please explain: _____

What type of child/youth work are you applying for? _____

What dates are you available? _____

Do you have any physical conditions that would prevent you from performing certain types of activities? If yes, please explain: _____

CHURCH ACTIVITY

Have you accepted Jesus Christ as your personal Savior? _____ If yes, when? _____

Have you been filled with the Holy Spirit with the evidence of speaking in unknown tongues? _____ If yes, when? _____

What church do you regularly attend? _____

What other churches have you attended regularly over the past five years? _____

CHURCH ACTIVITY (Continued)

Please list all other church work involving children or youth ministry: (Identify the church, Pastor and type of work.)

List any training, education, callings, gifts or other factors that have prepared you for children/youth ministry:

PERSONAL REFERENCES (Relatives Excluded)

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any personal reference or church affiliation listed in this application to release any information they may have regarding my character and fitness for children/youth ministry, and I will release all such references from liability for furnishing such evaluations to the Discipleship Ministries of River of Life Ministries/Pennsylvania Conference of the International Pentecostal Holiness Church.

Should my application be accepted, I agree to be bound by the Constitution, Bylaws and policies of the River of Life Ministries/Pennsylvania Conference of the IPHC and I further agree to refrain from any unscriptural conduct in the performance of my services.

Applicant's Signature: _____	Date: _____
Pastor's Signature: _____	Date: _____

Please complete and return to:

Holly Terry
246 S. Mercer St.
Greenville, PA 16125