



# FAMILY MINISTRIES APPLICATION

Glorifying God by GROWING students into LIFE-LONG followers of Jesus Christ.

For Office Use Only		
	date	initial
Received		
Pastoral ✓		
Interviewed		
Police Check		
Fellowship One		

**Expectations: Please read before completing this application.**

**General expectations:**

Applicants must be a believer in Jesus Christ who Worships Christ, Walks with Christ, and works for Christ. Applicants must be willing to submit to the leadership of the staff and the Elders of Harvest Bible Chapel

**Specific expectations related to Children’s Ministry:**

Applicants must attend Harvest Bible Chapel for a minimum of six months prior to serving in Harvest Kids.

**1. PERSONAL INFORMATION:** this information will remain confidential

Last Name	First Name	Date of Birth (M/D/Y)
Home Phone	Cell Phone	E-mail
Address (Street/City/Province/Postal Code)		
Occupation	How long have you been attending Harvest Bible Chapel	
Have you completed the following?		
<input type="radio"/> Harvest Welcome <input type="radio"/> Harvest Essentials <input type="radio"/> Membership		

**2. For what ministry department are you completing this application?**

- Guest Registration
- Nursery (0-35 months)
- Early Childhood (3-4 yrs)
- SK/1
- Grades 2/3
- Grades 4/5
- Accessibility Ministry
- Other: \_\_\_\_\_

**3. I am willing to serve:**

- 5pm service
- 9am service
- twice a month
- 11:00am service
- once a month
- other \_\_\_\_\_

**4. SPIRITUAL INFORMATION:** If needed, please complete the following questions on a separate sheet of paper.

a) How did you become a follower of Jesus Christ?

---



---

b) What are you doing to grow spiritually? How have you been growing recently?

c) Explain the gospel in your own words.

d) Why have you chosen to pursue ministry to children or youth?

e) What relevant experiences have you had with or without children and youth?

**5. REFERENCES:**

Please list two references (do not include family members)

**Member of Harvest Bible Chapel**

Name	Home Phone
Relationship to You	E-mail

**Friend**

Name	Home Phone
Relationship to You	E-mail

**Please give the name of the person who referred you to serve in Family Ministries.** \_\_\_\_\_

**6. SECURITY QUESTIONNAIRE**

The following questions are very important, but also very sensitive. You may choose if you prefer to discuss your answer to the following questions in confidence with a pastor rather than answering it on this form. If that is your choice, check here \_\_\_\_\_

Answering 'Yes' will not necessarily disqualify the applicant for children and youth ministries.

Have you ever been accused of, or pleaded guilty to a crime involving sexual behaviour or any other form of abuse or assault?

Yes                      No            (If yes, please explain on a separate page)

Have you ever used the following, if yes please explain:  
\_\_\_ Illegal drugs     \_\_\_ Pornography     \_\_\_ Tobacco

In the last five years, have you ever abused the following, if yes please explain:  
\_\_\_ Alcohol     \_\_\_ prescription drugs     \_\_\_ Illegal drugs

Within the last year have you struggled with:  
\_\_\_ Illegal drugs     \_\_\_ pornography/sexual sin of any kind     \_\_\_ alcohol     \_\_\_ tobacco     \_\_\_ prescription drugs

Have you ever been arrested for or convicted of illegal use of drugs or pornography?  
Yes     No     (If yes, please explain on a separate page)

## 7. AUTHORIZATION

I authorize Harvest Bible Chapel or another outside service company employed & engaged by Harvest Bible Chapel for the purpose of performing a criminal background investigation, to seek information from the references listed on this application.

I also authorize any references, churches and others listed in this application to give information, (including opinions) which they may have regarding my character and fitness for work with children or youth.

I attest and affirm that the information included in this application is both honest and complete in any area where information is requested.

I voluntarily release Harvest Bible Chapel and any person, organization from any liability regarding the communication of information regarding my background or qualifications.

I waive any right that I may have to inspect any information provided about me by those I have listed in this application.

I am familiar with and agree to adhere to all of the policies and procedures for serving in Children and Youth Ministries.

I give Harvest Bible Chapel permission for photo or video images of myself to be used for promotional purposes at Harvest Bible Chapel.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## 8. REGIONAL POLICE SERVICE SECURITY CLEARANCE

Please visit your local Police Station for a Security Clearance Request, including the Vulnerable Sector Screening, and submit receipt.

Questions can be directed to: [harvestkids@harvestbrantford.ca](mailto:harvestkids@harvestbrantford.ca) Phone: 226-381-0050

***Please submit your completed application, the original police check & receipt (for reimbursement) to the main office.***