

Name of Father _____ Cell (____) _____
Occupation _____ Citizenship _____
Church Affiliation _____
How long has he been a member of this church? _____

Name of Mother _____ Cell (____) _____
Occupation _____ Citizenship _____
Church Affiliation _____
How long has she been a member of this church? _____

Address of Parents _____

How would you rate your relationship with your parents? (Circle one) *Great Good Fair Poor*

Explain: _____

Names and ages of brothers & sisters _____

Share about your family relationships and their level of support for you in this ministry opportunity:

Names & phone numbers of persons to notify in case of an emergency. *Include at least one person who is not a parent.* _____ (____) _____

_____ (____) _____

Name one or two persons of authority in your life, and state how you view those in authority.

Who is the most influential person in your life, and what is your relationship with him/her?

Summarize your experience in church assignments or activities, noting particularly any of the following:

Pastor, Sunday School Teacher, Sunday School Superintendent, Song Leader/Worship Team Member, Bible School Teacher, Bible School Superintendent, Youth Leader, Christian School Teacher.

What type of music do you listen to, and who are your favorite artists?

INTERESTS & ABILITIES

Describe your personality and character traits.

How will your personal strengths impact your NHM work assignment?

What are your hobbies, and what do you do for recreation?

How much time do you spend weekly watching TV, videos, or DVDs? (Circle one)

None

1-5 hours

6-10 hours

over 10 hours

Circle **I** for the areas in which you are interested and **E** for those in which you have experience.

- | | | |
|------------------------|-------------------------|-------------------------------|
| I E - Administration | I E - Photography | I E - Computer Technology |
| I E - Retail Sales | I E - Graphic Design | I E - Playing an Instrument |
| I E - Management | I E - Bible Instruction | I E - Writing |
| I E - Foster Parents | I E - Public Speaking | I E - Drama |
| I E - Child Care | I E - Counseling | I E - Recreational Leadership |
| I E - Prison Ministry | I E - Singing | I E - Secretarial |
| I E - Group Leadership | I E - Bookkeeping | I E - Other _____ |

OCCUPATIONAL EXPERIENCE List below all positions in which you have received wages.

Present Occupation _____ Length of employment _____

Position: _____

Contact Person _____

Daytime Phone (_____) _____

Duties/Skills Learned: _____

May we contact your present employer? _____

Former Occupation: _____

Former Position: _____

Dates of Employment: Beginning date _____ Ending Date _____

Contact Person _____ Daytime Phone (_____) _____

Duties/Skills Learned: _____

Former Occupation: _____

Former Position: _____

Dates of Employment: Beginning Date _____ Ending Date _____

Contact Person _____ Daytime Phone (_____) _____

Duties/Skills Learned _____

EDUCATION

Circle highest grade completed:

High School: 8 9 10 11 12 Bible Institute 1 2 3 College: 1 2 3 4

Additional training? _____

HEALTH

General Health: *Excellent* _____ *Good* _____ *Fair* _____

Explain: _____

Do you take any medications? Yes _____ No _____

Explain: _____

Do you have any significant weaknesses, allergies, or disabilities? Yes _____ No _____

If yes, please describe _____

How does this affect your work? _____

Have you ever experienced sexual or serious verbal abuse or other traumatic incidents? _____

Name & address of physician: _____

REFERENCES

*Personal references: Your pastor and employer will be contacted if applicable. List three additional references (supervisor, fellow employee, relative, or friend) who know you well enough to judge your general character, motivation, and/or job performance. Include at least one person who is not in your social circle, and **do not** include immediate family members (siblings or in-laws).*

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

MISC. & CONCLUSION

Have you ever been in voluntary service before? _____ If so, when? _____

And where? _____

If invited to serve with NHM, when could you begin? _____

Could you serve for a one-year term? _____

What is your reason or purpose for wanting to serve at New Horizons in this capacity? _____

Do you have any financial obligations or family responsibilities that will require your attention during service? _____ If yes, please describe: _____

Please advise us of any traffic citations and/or accidents you have had during the past three years.

Do you have a New Horizons Ministries Handbook? Yes _____ No _____

Have you read the handbook? Yes _____ No _____

By signing this application, do you agree to the option of a background check? Yes _____ No _____

Signature _____ **Date** _____

Please mail or fax the completed application and a recent photo to:

Mail

New Horizons Ministries
P.O. Box 505
Canon City, CO 81215
Telephone 719-275-5242

Fax

719-275-5533

