

EMMANUEL Youth and Family Mission Services, Inc.

MINISTRY PARTNER APPLICATION / SCREENING FORM:

YES, I am interested to be involved in your organization **This application / screening form is to be completed by all persons involved in any way with Emmanuel Youth and Family Mission Services, Inc. You must be 18 and older to fill up this form. All information on this form will be kept confidential.**

Family Name: _____ Middle Name: _____
First Name: _____ Spouse Name: _____
Middle Name: _____
Name of Employer (if any) _____
Title _____ How long in that position? _____
Denominational Affiliation (if any) _____ None
Name of Church: _____
Address: _____
Ministry position: (if any) _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ E-mail: _____
Driver's License/ State I.D.# _____
Office Address _____ City _____
State _____ Zip: _____ Work Phone: _____
Highest Educational Attainment: _____
Your Birth Date: _____ Your Spouse's Birth Date: _____
Number of children _____
At present, do you have any physical limitation or medical condition? No Yes If yes, please explain _____
Hobbies: _____
Skills: _____
Present and Past Ministry Experience/s: _____

Over-all years of Ministry Experience: _____
Have you work with children/youth? No Yes
If yes, in what capacity? _____
Have you ever been accused of, reported, arrested for or charge with a sexual offense, abuse or misconduct relating to a minor, and/ or of a crime? No Yes If yes, please attach a statement or explanation (with your SSS #, SSS is required in order to obtain a criminal record), including nature of offense, date, court where conviction was entered, any other relevant information

Pastor's Name; (if any) _____ Phone: _____
E-mail: _____

REFERENCES:

Name	Address	Phone

If you are a church/org. who wants to carry out our program, you must comply with our ministry agreement (see Ministry Agreement Form) Yes No (Not applicable to individuals)
If no, please give us your reason _____
Available free time: Day/s: _____ from _____'o clock To _____ o' clock

Your interests (please check as many as you wish):

OPERATIONS:

Interested as:

EXECUTIVE OFFICER What position? President Vice-President Corporate Secretary
 Corporate Treasurer BOARD OF DIRECTOR

VOLUNTEER STAFF What position? Executive Administrator Office Manager Office Staff

BOARD OF ADVISERS GENERAL BOARD

FUNDRAISING/EVENTS COMMITTEE Chairman Co-chairman Member

PROGRAMS:

***PROJECT REFUGE** Ad. Staff Program Director Phone Counselor E-mail Counselor
 In-Person Counselor Follow-up Volunteer Establish a Helpline Ministry in my area willing to
comply with our ministry agreement (see Ministry Agreement Form)

Name of the Church/Org _____
Location: _____ Mailing Address: _____
Phone: _____ E-Mail: _____ Donate \$ _____ every
 Monthly Semi-Annually Annually One time only Others _____

***BETHEL** Volunteer What area? _____ Program Director Staff
Donate \$ _____ every _____ Monthly Semi-Annually Annually One time only
Others _____

***JOSEPH RE-STORE** Volunteer What area? _____ Program Director Staff
 Solicitor
 Donate \$ _____ every _____ Monthly Semi-Annually Annually One time
 Others _____
 Be a beneficiary of (indicate what item/s)

***HOPE FAMILY OUTREACH** Volunteer What area? _____ Program Director
 Staff Seminar Speaker Donate \$ _____ every _____ Monthly Semi-Annually
 Annually One time only Others _____

***GOOD NEW COACHING PROGRAM** Volunteer What area? _____ Program
Director Staff Mentor Donate \$ _____ every _____ Monthly Semi-Annually
 Annually One time only Others _____

The information contained in this application is true and correct to the best of my knowledge. I give permission to contact any references or church listed on this form. I accept the constitution, bylaws and policies of Emmanuel Youth and Family Mission Services, Inc. and to refrain from inappropriate conduct in the performance of any services done either directly or indirectly in behalf of the organization.

I further state that I HAVE CAREFULLY READ THE FOREGOING AND KNOW THE CONTENTS THEREOF AND I SIGN THIS IN MY OWN FREE ACT.

This is a legally binding agreement which I have read and understand.

Signature: _____ Date: _____

Approved Date _____ Evaluated By _____

Remarks: _____