

THE LION'S DEN YOUTH OUTREACH CENTER
40 FRONT STREET
P. O. BOX 51142
INDIAN ORCHARD, MA 01151
413-543-4444

This application will help serve all volunteers seeking a ministry opportunity for any position (volunteer or compensated) involving the supervision or custody of youth. Persons seeking to serve with teens will be required to complete this form. It is being used to help the Lion's Den provide a safe and secure environment for youth who participate in our programs and use our facilities.

GENERAL

Last Name: _____ First Name: _____ Middle Initial: _____

Home #: _____ Work #: _____ Cell : _____

Address: _____ City: _____ Zip: _____

Email: _____ Birth Date: ____ / ____ / ____

Emergency Contact: _____ Phone #: _____

Spouse's Name: _____

List Children and Ages: _____

Driver's license # and State/ Or :SS# _____

(Please include a photocopy of your driver's license or other photo ID to confirm identity.)

BACKGROUND

Church name and length of time attended _____

List other churches that you have attended regularly during the past five years:

Have you previously served in a Church Ministry? Yes No

(continued)

List all previous ministry experience and location (list each church's name or ministry location, address, type of work performed and dates, reason for leaving):

Use additional paper if necessary.

Have you been convicted or pleaded guilty to any crime? Yes No (If "Yes," please explain.)

The Lion's Den reserves the right to do a CORI (*Criminal Offender Records Information*) check on all individuals involved with the center.

TEMPERAMENT

Please circle the words below that best describe your temperament

- | | | | | | |
|-------------------|------------|-------------|-------------|---------------|--------------|
| Compassionate | Leader | Flexible | Intelligent | Introvert | Energetic |
| Communicator | Balanced | Feeler | Teachable | Extrovert | Self-starter |
| Prefer Routine | Laid-back | Thorough | Up Front | Strong-willed | Follower |
| Prefer Variety | Trusted | Honest | Sensitive | Risk-taker | Structured |
| Behind-the-Scenes | Humble | Reliable | Patient | Friendly | Loyal |
| Even-tempered | Work Alone | Team Player | Responsible | Thinker | |

What are your areas of weakness?

REFERENCES

Please include one pastoral, one personal, and one professional reference.

Name: _____ Years Known: _____
Relationship: _____ Phone #: _____
Name: _____ Years Known: _____
Relationship: _____ Phone #: _____
Name: _____ Years Known: _____
Relationship: _____ Phone #: _____

(continued)

INTERVIEW

Please attach separate sheets of paper if more room is needed to answer the questions.

Do you have a passion to work with youth? Yes No Why?

Why do you think it is important to work with youth?

Have you ever been convicted of child abuse? Yes No (If "yes," please explain.)

Were you a victim of abuse or molestation while a minor? Yes No

If you prefer, you may refuse to answer this question, or you may discuss your answer in conference with the Site Manager or the Executive Director rather than answering it in this form. Answering "Yes" or leaving it blank WILL NOT automatically disqualify an applicant for youth work.

EDUCATION

High School: _____ Did you graduate? Yes No

College: _____ Years? _____ Degree? _____

Other Schooling: _____

VOCATIONAL EXPERIENCE

What skills, natural talents, or special abilities do you possess?

(continued)

What employment/vocational experiences in the marketplace have you had that could be used in youth ministry?

GIFTS

Please check the top four gifts you feel you possess.

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Communication | <input type="checkbox"/> Giving | <input type="checkbox"/> Intercession |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Discernment | <input type="checkbox"/> Healing | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Encouragement | <input type="checkbox"/> Helps | <input type="checkbox"/> Mercy |
| <input type="checkbox"/> Craftsmanship | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Prophecy |
| <input type="checkbox"/> Discipleship | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

TESTIMONY

Please give an account of your salvation experience and any other significant experiences with God.

Should you be accepted as a Lion's Den Volunteer, you understand that you may be required to get additional training in order to serve. Are you willing and able to attend this training? Yes No

What days and hours are you available to volunteer? _____

