



# Petra Christian Fellowship Service Application

*(The following information will be used to obtain background information and must be completed by the applicant.)*

Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Goes by Name \_\_\_\_\_

Other Names Used (maiden, nickname, alias): \_\_\_\_\_

Current Address \_\_\_\_\_

Street / P. O. Box City State Zip Code

County Dates

Former Address \_\_\_\_\_

Street / P. O. Box City State Zip Code

County Dates

Please list all states and counties of residence since turning age 18: \_\_\_\_\_

Please circle any of the following states in which you have lived: (CA, CO, DE, LA, MA, SD, VT, WV, WY)

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Social Security Number \_\_\_\_--\_\_\_\_--\_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Please list members in your household. (Include ages of any children.)

_____ Name	_____ Relationship	_____ Name	_____ Relationship	_____ Name	_____ Relationship
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_____ Name	_____ Relationship	_____ Name	_____ Relationship	_____ Name	_____ Relationship
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What area are you planning on serving in?

Early Childhood       Elementary       Jr. High       Sr. High

Mothers and Others       Upward Ministries       Other \_\_\_\_\_

Why do you want to serve in this area?

List all previous activities where you have worked with children or youth:

Are you trusting Jesus as your personal savior?  Yes  No

Please give a brief testimony of when and how you came to know Jesus Christ as your personal Savior. Please include how God is currently working in your life.

What are your spiritual gifts?

My personal devotional and prayer life with God: \_\_\_\_\_ is consistent and meaningful  
\_\_\_\_\_ lacks consistency \_\_\_\_\_ I'm working at the discipline \_\_\_\_\_ my what? Help!

How long have you attended Petra Christian Fellowship? \_\_\_\_\_

Membership status:  Member  In process  Regular attender

Are you an active member of a care group? (Or if a minor, the youth group?) \_\_\_\_\_

For how long? \_\_\_\_\_ Care group leader \_\_\_\_\_ Phone # \_\_\_\_\_

List previous churches that you have attended regularly in the past five years:

List any previous ministry involvement at Petra Christian Fellowship:

List any current ministry involvement at Petra Christian Fellowship:

Do you fully support the vision and leadership of the church?  Yes  No

Do you believe in the ministry of the Holy Spirit?  Yes  No

Have you ever been investigated, accused, or convicted of:

Corruption of minors?  Yes  No

Sexual offenses?  Yes  No

Child molestation/abuse?  Yes  No

Crimes involving children under the age of 18?  Yes  No

An abuse related actions?  Yes  No

Any other offense?  Yes  No

If yes, please explain.

We believe our volunteers need to demonstrate Christian character and high moral values. The Scriptures give us instructions for holy living, such as found in Galatians 5:19-23. The use of illegal drugs, viewing of pornographic materials, sexual involvement outside of a marriage relationship, and a homosexual lifestyle are incongruent with the Christian standards of character and morality we promote. Our mission is to be a healing and safe place for all people; we support those in recovery and in transformation. For this reason we discourage the use of tobacco and alcohol.

Is your life free from these and other behavioral patterns which would be a poor example to our children?  
 Yes    No

If no, please explain.

Please list individuals outside of your family and the Petra Christian Fellowship staff who can comment on your past interaction with minors. These people may or may not be contacted.

1. Name of reference \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you \_\_\_\_\_

2. Name of reference \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to you \_\_\_\_\_

*This information will be treated as strictly confidential. Only those persons having a legitimate need to know such information will have access to this form.*

I hereby declare that the information contained in this application is correct to the best of my knowledge. I also authorize any Ministry Leader to contact any individuals or organizations listed in this application.

I, the undersigned applicant (also known as "consumer"), hereby authorize **Petra Christian Fellowship** and/or its agents to make an independent investigation of my background now and/or at any time in the future that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, sex offender records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on this application.

I release **Petra Christian Fellowship** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

**Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

*(for those under 18 years of age)*

This form will need to be updated when the volunteer turns 18. A background check will be conducted at that time.

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**Please return this to your Ministry Leader or send to:**

**Petra Christian Fellowship**  
**565 Airport Road, New Holland, PA 17557**  
**Phone: 717-354-5394 Fax: 717-354-8584**