

Year _____



Thanks for your interest in the Teen Quest Ministry Team.
Please fill out the following information completely and accurately.
Under 18 years: Only fill out blue areas. All others fill out completely.

Name _____ Email _____ @ _____

Phone (____) _____ Cell Phone (____) _____

Address _____ Zip _____

Talents and Training: _____

Church _____ School _____

Parents' Names _____ Parents' Phone _____

Have you ever been treated for a nervous, mental or emotional disorder? YES NO
If yes, when ? _____ What was the nature of the disorder? _____

Have you used narcotics, hallucinogens, or drugs not prescribed by a physician? YES NO
If yes, when was the last time and to what extent? _____

Have you been previously convicted of a felony or misdemeanor? If the answer is yes, please indicate on a separate sheet of paper the convictions, dates, and circumstances. YES NO

References:

Please list two people who you know well whom we can contact for references. No relatives please.

Name _____
Address _____
City _____
State/Zip _____
Phone _____
Your relationship _____

Name _____
Address _____
City _____
State/Zip _____
Phone _____
Your relationship _____

I declare by my signature below that to the best of my knowledge, all this information in this application is true and complete. I also authorize you to make any necessary inquiries. I hereby release employers, schools, or person from liability in responding to inquiries in connection with my application.

Signature _____ Date _____

IN ADDITION TO THIS FORM, WE WILL NEED A COMPLETED TEEN QUEST RELEASE FORM AND CHILD ABUSE CLEARANCE AND FBI CLEARANCE FOR VOLUNTEERS IF YOU ARE OVER 18 YEARS OF AGE.