

Youth Extreme Leaders Information Sheet

General Info.

Name: _____ Gender: _____

Date of Birth: _____ Email: _____

Phone: _____ Cell Phone: _____

Drivers License: Yes No Class: _____ Citizenship: _____

Current Address (include box # if you are a TWU student):

Summer/Permanent Address:

School or Employer: _____

Major & Class Year if in school: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____

Home Church: _____ Pastoral Reference: _____

Pastor's Phone #: _____ Pastor's Email: _____

Second Reference: _____

Phone #: _____ Email: _____

About You

What ministries, volunteering, or extra-curricular activities are you currently involved with?

What are your talents, hobbies, and special interests?

What is your past experience with youth and/or kids?

What experiences have you had with Inner City and/or First Nations communities?

What past leadership experience do you have?

List three strengths and explain:

1. _____
2. _____
3. _____

List three weaknesses and explain:

1. _____
2. _____
3. _____

Confidential

What is your family situation? (Parents & parental status, siblings & ages, other important info.)

Are there other members of your family who are Christians?

Yes No Comments:

Are there any reasons why your duties would be limited due to physical limitations or disabilities?

Yes No If yes, please explain:

Do you have any allergies or medical conditions that we should be aware of?

Yes No If yes, please explain:

Do you have a history of: Drug Use Alcohol Abuse Criminal Record N/A

In the past 12 months, have you used narcotics, hallucinogens, or drugs not prescribed by a doctor?

Yes No If yes, please explain:

In the past 12 months, have you struggled with misusing alcohol?

Yes No If yes, please explain:

Have you ever been convicted of a criminal offence or do you have current charges before the court?

Yes No If yes, please explain:

Your Spiritual Story

How long have you been a Christian? How did you come to Christ? (use back if necessary)

What role does God play in your life, and how does it affect the way you live?

What is the gospel message?

Describe your present personal Bible reading/devotional pattern.

Are you actively involved in a local (or home) church? If so, how?

Please select the areas in which you have had experience.

Church Work/Ministry

- Sharing Testimony
- Leading Bible Studies
- Sharing devos/ preaching
- Teaching Sunday school

Music

- Singing
- Instrument _____
- Leading Worship
- Choir

Misc.

- Tutoring
- Business
- Administration
- Cooking
- First Aid

Media

- Graphic Design
- Video Filming/Editing
- Computer Skills
- Web Page Design

Communication

- Writing Articles
- Photography
- Public Speaking

Outreach

- Street Evangelism
- Missions
- Other: _____

Camp Work

- Lifeguard (Certified)
- Counselor
- Field games
- Kitchen
- Arts & Crafts

Theatre/Arts

- Mime/Drama/Skits
- Puppetry
- Writing Drama
- Dance

Physical:

- Landscaping/yard work
- Moving Furniture/ people
- Construction
- Sports _____
- Camping

Please select applicable yes/no answers.

Do you have a valid driver's license?

Yes No

Do you have a car? Number of seats (including driver) : _____

Yes No

A valid Class 4 (15 passenger van) driver's license?

Yes No

Are you willing to provide New Beginnings with a driver's abstract?

Yes No

Are you willing and committed to attend weekly meetings?

Yes No

What is your main reason for wanting to serve at New Beginnings?

Describe any hesitations or concerns that you have regarding your involvement?

Agreement

I agree to live a godly lifestyle that will be a positive witness of Jesus in my life.

I agree with the new beginnings statement of faith

Signed (Please sign name): _____

Date: _____