



P.O. Box 4476 Columbia, SC 29240 803-787-3009 www.jubileeademysc.org

Ministry Employment & Volunteer Application

This application is to be completed by all applicants for any position (volunteer or compensated) **AFTER** the Applicant Statement of Christian Faith. Completion of this form, allows Jubilee Academy to provide a unified staff in a safe and secure environment for all children in our program.

Personal Information:

Date: _____ Legal Name: _____

Date of Birth: _____ Sex: M F

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Current Address:

(City) (State) (Zip)

Home Phone: () _____ Cell Phone: () _____

Primary Email: _____

Employment Information:

Current Employer: _____

Length of Employment: _____ Supervisor: _____

Work Phone: () _____ May we contact you at work? _____

Previous Employers: (within last five years)

Dates Employed:

_____	_____
_____	_____
_____	_____
_____	_____



Educational Background:

<u>Name</u>	<u>Years</u>	<u>Degree Earned</u>
High School _____		
College/University _____		
Other (Please Specify) _____		

Church Involvement and Prior Children's Ministry Work:

Church where you are currently a member: _____

Pastor/Priest: _____

List names and addresses of other churches you attended regularly during the past five years.

List any gifts, callings, training, education, or other factors that prepared you for children's work.

Have you ever been involved in inner city ministry? _____

If yes, briefly describe your responsibilities and tell where and when.

Briefly describe why you are interested in serving with Heartworks Ministry/Jubilee Academy and how you feel your gifts might be used here.



**Personal References:
(Relative)**

Name Relation

City State Phone

(Current or Former Employer)

Name Dates of Employment

City State Phone

(Non-Relative)

Name How long have you known this person?

City State Phone

(Pastor/Staff of current church)

Name Dates Attended

City State Phone



Applicant's Statement

I hereby authorize all employers, organizations, churches, other entities and persons identified on this form to release any information contained in their records concerning me.

In consideration of the receipt and evaluation of this application by Heartworks Ministry/Jubilee Academy, I hereby release the ministry and any individual, organization, charity, employer, reference, or any other person or organization, including all staff, both collectively and individually, from any and all liability. This includes any cause of action by me, my heirs or family, on account of compliance with this authorization.

I waive any right I may have for the inspection of information provided which concerns me by any person or organization identified by me in this application.

My responses above are truthful and accurate. I understand and agree that if they are not truthful or accurate Heartworks Ministry/Jubilee Academy may determine that I am not qualified to be associated with its programs in any capacity.

Should my application be accepted, I agree to be bound by the bylaws and policies of Heartworks Ministry/Jubilee Academy and to refrain from unscriptural conduct in the performance of my service on behalf of this Ministry.

Applicant Signature

Date