

APPLICATION FOR HELPS MINISTRY

Section 1

Qualifications for all Winter Haven Worship Center Helps Ministries Workers: Christians who are in places of responsibility in the church are required to be examples in faith, conduct, and business affairs. One of the best ways to present Christ to the people of our community is by maintaining a high standard for workers. The following guidelines will be required of any person who works in any of the ministries at Winter Haven Worship Center (WHWC).

REQUIREMENTS

1. Must be in agreement with the tenets of faith of WHWC.
2. Must be a member of WHWC and have attended WHWC for at least 6 months.
3. Must be able to make a minimum six- month commitment.
4. Must complete this Application for Helps Ministry.
5. Must be loyal to the Pastor and leaders of WHWC.
6. Must be faithful to your assigned position.
7. Must live a separated Christian life.
8. Must attend all workers' meetings and workshops.
9. Must be faithful to attend regular church services.
10. Must give at least three (3) days notice if you know you will be absent.
11. Must be at your designated post thirty (30) minutes before starting time.
12. Must be neat in your appearance.
13. Must complete appropriate workers' training course (s) required in your area of ministry.
14. Must have your home life in order.
15. Must give thirty (30) days notice when resigning your position.

AGREEMENT

I have read the above qualifications and I am in full agreement with them. I pledge to keep them to the very best of my ability. I clearly understand that failure to keep any of the above requirements is grounds for dismissal.

Signature _____ Date _____

SECTION 2

All applicants must complete the questions listed below for any position within WHWC. They are used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities. **ALL INFORMATION GIVEN IS CONFIDENTIAL.**

GENERAL INFORMATION

Date _____
Name _____
Address _____
City/State/Zip _____
Ph. #1 _____ Ph. #2 _____
Male _____ Female _____ email address _____
Birthdate _____
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____
Spouse's Name _____
Is your spouse involved in a WHWC Helps Ministry? _____ If yes, Where? _____
Maiden Name _____
Social Security #(s) present & past _____
Alias (or other names you've gone by) _____
Present employer _____
May we call you at work? _____ no _____ yes Work phone number _____

CHRISTIAN EXPERIENCE

Are you a member at WHWC? _____ yes _____ no
How long have you attended WHWC? _____
Have you been born again? _____ If yes, where? _____ Year _____
Have you been filled with the Holy Spirit (according to Acts 2:4)? _____
If yes, where? _____ Year _____
Have you been baptized in water? _____ If yes, where _____ Year _____
Do you tithe on a regular basis to WHWC? _____ yes _____ no
Have you ever completed a WHWC Application for Helps Ministry? _____ yes _____ no
If yes, for which department (s)? _____ When? _____

DO YOU BELIEVE

_____ yes	_____ no	In the virgin birth and deity of our Lord Jesus Christ?
_____ yes	_____ no	That Jesus is God's Son and the only sacrifice for sin?
_____ yes	_____ no	That a man must be born again to receive eternal life?
_____ yes	_____ no	In eternal reward for the believer? (Heaven)
_____ yes	_____ no	In eternal damnation for the lost? (Hell)
_____ yes	_____ no	In the rapture of the church prior to the 7- year Tribulation?
_____ yes	_____ no	In the infallibility of the scriptures?
_____ yes	_____ no	That divine healing is part of redemption's purchase and is God's will for all who believe?
_____ yes	_____ no	That Jesus arose bodily from the dead?
_____ yes	_____ no	In the infilling of the Holy Spirit?
_____ yes	_____ no	That speaking in tongues is the initial physical evidence of the baptism of the Holy Spirit?

CHRISTIAN MINISTRY EXPERIENCE

List other churches you have attended regularly during the past five (5) years.

Church _____	Church _____
Dates Attended _____	Dates Attended _____
City/State _____	City /State _____
Pastor _____	Pastor _____
Reason for leaving _____	Reason for leaving _____

List any gifts, callings, training, education, or other factors, which have prepared you for Christian service.

Have you ever led anyone to Christ? _____yes _____no
Have you ever helped anyone to receive the Holy Spirit? _____yes _____no
Have you ever been involved in Helps Ministries? _____yes _____no
If yes, in what areas? _____
With what church or organization? _____
Why do you want to be involved in the WHWC Helps Ministry? _____

LIFESTYLE QUESTIONS

Do you have any limitations or conditions preventing you from performing certain types of activities relating to Helps Ministries? _____yes _____no If yes, please explain _____

Have you ever been accused of and/ or convicted of spousal abuse in any form? _____yes _____no

If yes, please explain _____

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? _____yes _____no If yes, please explain _____

Have you been involved in homosexual activity within the last five (5) years? _____yes _____no

Do you presently have any communicable diseases (including HIV or AIDS)? _____yes _____no

If yes, please explain _____

Do you currently use tobacco? _____yes _____no Do you currently use illegal drugs? _____yes _____no

Do you currently use alcohol? _____yes _____no Do you currently view pornography? _____yes _____no

DESIRED INVOLVEMENT

Please indicate the areas of ministry you would like to serve in.

____ Hospitality
____ Children's Ministry
____ Youth Ministry
____ Greeters
____ Ushers
____ Musician
____ Singer
____ Computer/ Displays/Lyrics
____ Sound technician
____ Camera/Video Production
____ Drama

DESIRED INVOLVEMENT (Cont.)

Children's / Youth Ministry

- Nursery 1 (ages 6 weeks- 1 year)
 Nursery 2 (ages 1-3 years)
 Preschool (ages 3-4 years)
 Kindergarten (5-6 years)
 High Voltage Kid's Zone (1st- 5th grade) -twice monthly -both A.M. services
 Royal Explorers (1st-5th grade)- Wednesday evenings - 1-2 times monthly
 Emerge (6th- 12th grade)- weekly basis

Is your spouse and/ or family in agreement with you working in a WHWC Helps Ministry? yes no

What services do you normally attend? _____

Which service (s) are you able to work in? Sunday 9:00 Sunday 11:00 Sunday 6:30 Wed.

How many times a month would you like to work? once a month twice a month times a month

PERSONAL REFERENCES

(No employees or relatives)

Name _____
Address _____
City/State _____
Phone _____

Name _____
Address _____
City/State _____
Phone _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give any information they may have regarding my character and fitness for Helps Ministries. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to be bound by the constitution, by laws and policies of Winter Haven Worship Center and to refrain from unscriptural conduct.

Applicant's Signature _____
Witness _____

Date _____
Date _____

Thank you for applying to help in the Helps Ministries of Winter Haven Worship Center.

Please return this Helps Ministries Application in a sealed envelope to the Bookstore Lobby or give it directly to the appropriate minister or coordinator.

Winter Haven Worship Center
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Winter Haven, Fl 33883
863.318.0701
www.whwc.org

FOR OFFICE USE ONLY

Approved for ministry
 Not approved for ministry
Date _____
Comments _____

