

Volunteer Staff Application

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# First Middle Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street PO Box or RR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. ( )\_\_\_\_\_\_\_\_\_\_

City State Zip

# Date of Birth \_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status (circle one): Married Remarried Separated Divorced Widowed Single

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Children** | **Age** | **Gender** | **Grade in School** |
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# Church Affiliation: SDA \_\_\_\_\_\_ Other \_\_\_\_\_\_ Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. ( )\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship (circle one) USA Naturalized Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to anyone presently employed with M.E.E.T.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state name and department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EDUCATION: Name and location of School** | **Year Attended** | **Year Graduated** | **Field/Major**  **Deg. / Cred.** |
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# Subject of special study or research work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SKILLS – List occupational skills other than those required for position desired.

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POSITION DESIRED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date You can start: \_\_\_\_\_\_\_\_

FORMER EMPLOYERS: (List below last four employers, start with most recent.)

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| --- | --- | --- | --- | --- |
| **Dates Employed**  **Begin End** | | Name & Address of Employer | **Position** | **Reason for Leaving** |
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#### REFERENCES: Give the name of your pastor and the names of three persons not related to you, whom you have known for at least a year.

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| --- | --- | --- | --- |
| Name | Address | Business | **Years** **Acquainted** |
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**PHYSICAL RECORD**: Please list any physical problems you have had or have at present and give details: (Such as back problems, heart problem, high blood pressure etc.)

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A copy of a recent physical examination is required with this application, please provide with the application.

Have you ever been refused employment because of ill health \_\_\_\_\_\_\_\_\_? If yes please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever filed for worker’s Compensation Insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, did you receive a WCI award? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you missed work in the last six months due to illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes describe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PETS:

Are you planning to bring pets to the ministry \_\_\_\_\_\_\_\_? If yes explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**We encourage our staff to be open and to communicate. The following questions are designed to allow you to express, freely and comprehensively, God’s providential leadings in your life and how these leadings have prepared you for a ministry such as this. (Please respond on a separate sheet of paper).**

1. When did you fully accept Christ as your personal Savior, Master and Lord and yield your life in full service to Him?
2. What events have led you to consider working with M.E.E.T. Ministry?
3. Please explain your philosophy and practice of the principles of health.
4. Please relate to the experiences in your past life which have prepared you for the staff position for which you are applying.
5. State your convictions regarding your philosophy of Christian Education and how these have influenced your life and that of your family.
6. What do you understand to be the role of the writings of Ellen G. White in the Seventh Day Adventist Church? In what way have they influenced your life? Please explain the extent to which you have familiarized yourself with her books.
7. Do you enjoy studying the Scriptures and are they a regular part of your private and family worship? Describe their roll in directing your family’s life.
8. What is your view on the church organization?
9. Do you believe the SDA church is Babylon? Explain your answer.
10. What are your views on: The feast days; jubilee cycle and new moons? Do you celebrate any of these? Explain your answer.
11. What do you believe regarding the name “Jesus”?
12. What is your understanding of the nature, the position and work of the Holy Spirit?
13. What do you believe to be true medical missionary work?
14. What is your understanding of the nature of Christ, and the nature of the converted individual?

I have read and answered the above and am in full harmony with the principles herein. Should I work with M.E.E.T. Ministry, I will fully support and promote the philosophy and principles for which it stands.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_