

\*Return this form to the Network Office with your group's pre-registration by the postmark deadline for Bravehearts.

# OREGON MINISTRY NETWORK LEADER APPLICATION

\*\*Please note: you must be 18 years of age to be a Leader at all Network functions.

## SECTION A: for Applicant:

I am excited about the opportunity to minister at Bravehearts! I am requesting your consideration to be part of the Leaders for 2010.

Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Area Code Area Code

Church you attend \_\_\_\_\_ Occupation \_\_\_\_\_

Past Experience as Leader? \_\_\_\_\_ Number of years \_\_\_\_\_

Date of Salvation \_\_\_\_\_ Baptized in the Holy Spirit?  Yes  No

Have you ever been convicted of a criminal offense? (Excluding minor traffic violations)  Yes  No

Have you ever been criminally charged with, investigated for (by any legal authorities or child protection agencies), or civilly sued in connection with any of the following offenses: rape, sodomy, abuse, neglect, sexual battery, contributing to the sexual delinquency of a minor, sexual misconduct, or public indecency?  Yes  No

**If yes to either of previous two questions, please explain on separate sheet or on reverse.**

All of the information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give any information (including opinions) to the Assemblies of God, its trustees, employees, rental facilities, including its trustees, employees and agents regarding my character and fitness to serve as a volunteer at an Oregon Ministry Network of the Assemblies of God sponsored event. In consideration of the receipt and evaluation of this application by the Assemblies of God, its trustees, employees, rental facilities, including its trustees, employees and agents, I hereby release any individual, church, youth organization, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with the authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of the Oregon Ministry Network of the Assemblies of God, and to refrain from any unscriptural conduct in the performance of my services on behalf of the fellowship.

SHOULD I BE UNABLE TO ATTEND, I WILL GIVE TWO WEEKS NOTICE PRIOR TO BRAVEHEARTS.

If, at some time in the future, I am asked to relinquish my work as a volunteer at an Oregon Ministry Network of the Assemblies of God sponsored event by the event director or event coordinator, I will do so recognizing their position of leadership at Oregon Ministry Network of the Assemblies of God sponsored events.

By signing this application, I state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement that I have read and understand. I accept my responsibility to read and understand the event Leader's manual, which will be provided to me before the event week begins. I verify that the above information provided is correct and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SECTION B: For Senior Pastor Only**

*(Read the following and mail to Oregon Youth Ministries, PO Box 9178, Salem, 97305)*

- No! The above mentioned person DOES NOT have my recommendation as an Oregon Ministry Network Leader.
  
- Yes! This person is morally and spiritually fit to the best of my knowledge and has never been involved in any immoral or improper relationships with boys, girls or youth. **I confirm that I have done a background check and have an approved children's worker application on file for this person.**

Senior Pastor/Chairman Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

(Please fill out both sides of application)