



J-SERVE APPLICATION 2017

THANK YOU FOR YOUR INTEREST IN THE J-SERVE PROGRAM. WE ARE EXCITED THAT THE LORD IS LEADING YOU TO J-SERVE. ENCLOSED ARE THE APPLICATION FORM, HEALTH FORM AND THE REFERENCE FORMS.

TO APPLY, PLEASE READ AND FOLLOW THE DIRECTIONS IN THE "GUIDE TO COMPLETING J-SERVE STUDENT APPLICATION", WHICH INCLUDE COMPLETING THE APPLICATION AND HEALTH FORM. THE REFERENCE FORMS ARE TO BE GIVEN TO: 1) YOUR PASTOR/ SPIRITUAL LEADER/ MENTOR; 2) EMPLOYER OR TEACHER; 3) A MATURE CHRISTIAN ADULT, YOU HAVE KNOWN FOR 3 OR MORE YEARS. THESE CONFIDENTIAL FORMS ARE TO BE MAILED/FAXED DIRECTLY TO JOY EL BY THE PERSON WHO COMPLETED THEM.

PLEASE INCLUDE WITH YOUR APPLICATION THE NON-REFUNDABLE \$40 APPLICATION FEE. FOR YOUR APPLICATION TO BE REVIEWED AND AN INTERVIEW TO BE SCHEDULED YOU MUST HAVE ALL PARTS OF THE APPLICATION PACKET RECEIVED BY J-SERVE. CURRENT SCHEDULE FOR THE 2017-2018 J-SERVE YEAR IS:

AUGUST 21, 2017 – AUGUST 14, 2018

TUITION FOR 2017-2018 IS \$5495, WHICH COVERS TUITION, ROOM, AND FOOD DURING YOUR J-SERVE PROGRAM.

IN J-SERVE, EVERY DAY HOLDS A NEW OPPORTUNITY TO GROW IN YOUR WALK WITH THE LORD THROUGH A VARIETY OF ACTIVITIES THAT HAVE YOU LEARNING, SERVING AND ENGAGING IN GOD'S REDEMPTIVE STORY. THROUGH J-SERVE YOU WILL...

- LEARN TO GROW AND OWN YOUR PERSONAL WALK WITH JESUS THROUGH INTENTIONAL SPIRITUAL INSTRUCTION AND MENTORING.
- FIND AND DEVELOP YOUR PASSION AND PURPOSE FOR LIFE AS YOU INTENTIONALLY PURSUE YOUR PART IN GOD'S REDEMPTIVE AND RESTORATIVE STORY IN THIS WORLD.
- DEVELOP LEADERSHIP SKILLS AND A BIG PICTURE OF MINISTRY WHILE SERVING THROUGH A VARIETY OF HANDS-ON MINISTRY EXPERIENCES WITH CHILDREN, TEENS AND ADULTS.

PLEASE FEEL FREE TO CONTACT US IF YOU HAVE ANY QUESTIONS. MAY OUR GOD BLESS AND LEAD YOU!

GUIDE TO COMPLETING J-SERVE STUDENT

Thank you for applying to J-Serve! To help us process your application most efficiently, please send *all* of the paperwork below *together* (with the exception of the reference forms, which should be sent or faxed directly to us from your reference people).

1. Program Application Form & Photo.

This form must be completed to apply for J-Serve. Photo should be passport or wallet sized.

2. Application Fee. A non-refundable application fee of \$40, which will apply to the tuition if accepted, is to be sent in with the application.

3. Confidential Health Form. Each applicant must completely fill-in and sign this form.

4. Consent for Treatment/ Liability Release Form. Each applicant must sign this form.

5. Personal Motivation Questions. Please prayerfully and concisely answer these questions on a separate piece of paper. Please print or type. Your answers will be significant in the application process.

6. Three Reference Forms. Follow the directions for filling out and sending your reference forms.

Please send all forms to:

Joy El
Attn: J-Serve
3741 Joy-El Drive
Greencastle, PA 17225



Joy El Generation
 Please return all forms to:
 Joy El
 Attn: J-Serve
 3741 Joy-El Drive
 Greencastle, PA 17225
 Phone: 717-369-4539
 Email: mikayla@joyel.org

**Please
 Attach
 Recent
 Photo
 Here**

PERSONAL INFORMATION

Date of Application _____

Application Fee enclosed \$ _____

Full Name _____
 (Last/Family Name) (First) (Middle) (Preferred to be called)

Home Address _____
 Street/ PO Box

 City State/Prov. Zip Code

Home Phone _____ **Cell Phone** _____ **Email** _____

Facebook _____ Twitter _____ Instagram _____ Snapchat _____
 (include Usernames with each social media you use)

Social Security Number _____ - _____ - _____ **Age** _____ **Birthday** _____
 Month/Day/Year

Sex: M _____ F _____ **Parents/Guardians:** _____
 First and Last Names

Do you have a vehicle? ___ Yes ___ No

Do you have a valid driver's license? ___ Yes ___ No State _____ License # _____

Do you have a current commercial driver's license? ___ Yes ___ No State _____ Type _____

Have you participated or served in any of Joy El's programs? ___ Yes ___ No

List program(s) and year(s) _____

EMERGENCY INFORMATION

In Case of Emergency, Contact _____ **Relationship** _____
Address _____ **Cell** _____
 Street City State/Prov. Zip Code

Church Information

Church attending _____ Phone _____ Pastor _____

Address _____

Street

City

State

Zip

Home Church _____ Phone _____ Pastor _____

Address _____

Street

City

State

Zip

EDUCATION/ EMPLOYMENT SKILLS

High School Attended _____ Year Graduated _____

High School Address _____

College (if applicable) _____ Fresh.. Soph. Jr. Sr. Grad (*Circle Highest Completed*)

College Program Major _____ Degree Earned _____ College Phone _____

College Address: _____

I am certified in the following (*list expiration dates*):

_____ CPR: _____ Lifeguard: _____ First Aid: _____ WSI: Other: _____

Military Service Yes No (specify) _____

Present Employer/ Occupation: _____

Other Occupational Skills _____ Years of experience _____

Musical abilities/Other talents _____

Ministry Experience

Type of ministry	Ministry Provider (Name of Ministry)	Address	City/State	Dates
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Voluntary Disclosure

In an effort to preserve ministry and staff from undue and unfounded accusations regarding inappropriate moral behavior, please read through the following and answer the questions.

Full Name (Last) _____ (First) _____ (Middle) _____

Other names by which you are or have been known (e.g., maiden name) _____

List your previous city/state residences for the last **five** years:

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

1. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?
___Yes ___No
2. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below: ___Yes ___No
 - Indecent assault and battery on a child under fourteen
 - Indecent assault and battery on an intellectually and developmentally disabled person
 - Indecent assault and battery on a person who has obtained the age of fourteen
 - Rape
 - Rape of a child under sixteen with force
 - Assault with intent to commit rape
 - Kidnapping of a child under sixteen with intent to commit rape
 - Distribution and trafficking of narcotics or other controlled substances
 - Intent to commit any of the above crimes
(If yes, please explain on a separate sheet.)
3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?
___Yes ___No
4. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to, a domestic order of protection?
___Yes ___No *(If yes, please explain on a separate sheet.)*
5. If selected for J-Serve, will you apply and then provide a copy of your PA Child Abuse clearance, PA State Police clearance, and FBI clearance and fingerprinting to Joy EI?
___Yes ___No *(If not, please explain on separate sheet.)*

NOTE: A prior conviction is not an automatic bar to participation. The type of conviction, and when it occurred, will be evaluated by a Joy EI official before a decision is made. All applicants should avoid situations where there is one adult and one or more children in a room or area that is not readily visible to other staff. If conditions necessitate a participant working with children in an area where there is no other staff, doors should be kept open at all times.

Harassment

Joy EI's policy is to prohibit all forms of harassment by our staff. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (NOTE: A prior accusation or conviction is not an automatic bar to employment. The type of conviction or accusation and when it occurred will be evaluated by a camp official before a decision is made.)

___ Yes ___ No (If yes, please explain on a separate sheet.)

Leadership of Joy EI

Believing in Christian unity, I will defer to the policies and practices of Joy EI board and leaders. I will fulfill my responsibilities in accordance with the furthering of the Christian mission of Joy EI. Should there arise a disagreement that can't be resolved, I'll discontinue my participation with Joy EI.

My Commitment and Agreement

1. I will explain the basic fundamentals of the Gospel without my particular denominational emphasis as I work with the children in Joy EI's ministry.
2. I will practice a biblical lifestyle that has been historically acceptable.
3. I believe marriage is sanctioned by God; which joins one man and one woman in single, exclusive, and covenantal union as delineated in Scripture and if married, will live accordingly.
4. I will abide by the policies and leadership of Joy EI.
5. I give Joy EI permission to use photos that may include me in print or electronic media for publicity purposes if selected into this program.

My signature below indicates that I have read, agree with, and will abide by Leadership of Joy EI and My Commitment and Agreement written above.

Signed _____ Date _____

Skills/Interests

Please list your ministry skills and interests:

FINANCIAL INFORMATION

Do you have the total program fees? Yes No If not, how much do you have? _____

From what sources will you receive the remainder? _____

Do you have any outstanding debt? If so, explain _____

Personal Motivations

(Please use a separate sheet of paper to answer the following questions. Please prayerfully and concisely answer these questions on a separate piece of paper. Please print or type. Your answers will be significant in the application process.)

1. Why would you like to be a part of J-Serve at Joy El Generation?
2. List any activities or jobs where you have been involved with youth. (Most recent first, please)
3. What physical and spiritual gifts do you have that you feel would benefit this ministry?
4. Write a brief spiritual autobiography telling of your salvation and dedication experience and the meaning that your Christian experience currently has in your life.
5. Write in 100 words or less your personal convictions concerning your general life-style. Include moral, social, spiritual practices and habits.
6. How would you lead a young person to Christ who has expressed a desire to be saved? Please give Scripture references you would use.
7. Describe any significant spiritual experiences you have had in your walk with the Lord.
8. How would you describe your relationship with your family? Include how they feel about your plans to attend the J-Serve program.
9. What areas of your character are you presently seeking God to further develop and improve?
10. Describe your relationship with your local church; include areas of service and leadership experience.
11. Please list any special circumstances or situations we should know about.

References

Please list 1) your pastor or spiritual leader or mentor; 2) Employer or teacher; 3) a mature Christian adult, you have known for 3 or more years and distribute the attached reference forms which should be returned directly to Joy El Generation. Do NOT include relatives or Joy El staff.

Name _____ Phone: _____

Relationship _____

Name _____ Phone: _____

Relationship _____

Name _____ Phone: _____

Relationship _____

Do you know any full-time Joy El staff? _____ If yes, list names of the staff members that you know.

The information I have given above and in written exercises is true and accurate. I authorize investigation of all statements herein, including any check of criminal records, and release the camp and all others from liability in connection with same. I understand that, if selected, I will be a J-Serve participant unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated Joy El official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by Joy El.

I understand that in applying for J-Serve the information which I have furnished on pages 1-6 of this application form is subject to verification, which may include a criminal history check and request from any central registry of child abusers.

I understand that Joy El may terminate participation of any person in J-Serve found to have a history of complaints of abuse of a minor or found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid due to complaint(s) of sexual abuse of a minor.

All statements will become part of any future personnel files.

Print Name _____ Signature _____ Date _____

A \$40.00 nonrefundable application processing fee should be sent with your completed application.

Complete form and mail to: Joy El ATTN: J-Serve, 3741 Joy-El Drive, Greencastle, PA 17225

www.joyelgeneration.org phone 717-369-4539 fax 717-369-2927

THIS APPLICATION WILL BE REVIEWED WHEN ALL REFERENCE FORMS HAVE BEEN RECEIVED.

Release Form

Name _____ Address _____

CONSENT FOR TREATMENT

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending physician may deem necessary on the above person.

Applicant Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Parent Signature _____ Date _____

RELEASE OF LIABILITY

I/we hereby release Joy EI, it's staff and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with J-Serve.

Applicant Signature _____ Date _____

Signature of parent or guardian is required if applicant is under 18 years of age.

Parent Signature _____ Date _____

JOY EL STATEMENT OF FAITH

Joy El is committed to ministry across denominational lines. However, we believe the following faith statements are essential, non-negotiable truths and, as such, are the foundation for our ministry.

A. We believe the Scriptures of the Old and New Testament to be the eternal and verbally-inspired (God-breathed) Word of God, the final authority for faith and life, and without error in the original writings (Psalm 119:89, Matthew 5:18, John 16:12-13, II Timothy 3:16-17, II Peter 1:20-21).

B. We believe the Lord Jesus Christ was fully God and fully man. As man, He was conceived by the Holy Spirit and born of a virgin; as God, He is co-equal and co-existent with God the Father and God the Holy Spirit (Matthew 1:1-2:13, John 1:1-11, John 14:16, Philippians 2:5-11, Colossians 1:15).

C. We believe all human beings are born with a sinful nature and commit sin by desire, by choice and by practice. Because of sin, each person stands guilty in and separated from the presence of a just and holy God, rightfully deserving everlasting punishment (Genesis 3:1-13, Matthew 25:46, Romans 3:10, 23 & 5:12-21, I Corinthians 15:21-22, II Thessalonians 1:7-10, Revelation 20:12-15).

D. We believe Jesus Christ had no sin and did not sin. According to the Scriptures He was crucified, was raised on the third day in the same body from the dead, and later returned to heaven. In this way, through the blood of His sacrifice the only acceptable payment for our sins has been offered. (Matthew 28, Luke 24:39-52, Acts 1:11, Romans 3:25-26, I Corinthians 15:3-4, II Corinthians 5:21, I Timothy 2:5-6, Hebrews 9:11-22, I Peter 1:18-25, I John 2:2 & 5:10-13).

E. We believe we become God's child by receiving Christ as our substitute and Savior by faith; this is a gift of God's love/grace. Repentance, forgiveness, and "new life in Christ" are several of the many experiences for God's child who is kept by God's power. We believe it is the privilege of God's child to rejoice in the assurance of eternal life, to live a godly life, to serve the Lord each day, and to live with Him in eternity (John 6:37-40, 10:27-30; Romans 3:22-24, Romans 3:28, Romans 8:1 & 38-39, II Corinthians 5:17; Ephesians 2:8-9, II Peter 3:11, I John 5:11-13).

F. We believe that God, the Holy Spirit, is a Person who convinces individual sinners of their guilt but who also, because of Christ's death, delights to bring sinners into right relationship with God at the moment of their belief. We also believe the Holy Spirit is God's seal/mark on the believer; He lives within the believer from the moment of conversion to reprimand sin, to give power to resist sin, to guide into truth, and to give power for service to those who are yielded to Him. (John 16:8-13, Romans 8:9, I Corinthians 6:19-20, Galatians 5:16, Ephesians 1:13-14 & 4:30 & 5:18, Titus 3:5).

G. We believe in the visible, personal, and imminent return of our Lord and Savior Jesus Christ for His Church (John 14:3, Acts 1:9-11, I Thessalonians 4:13-18).

H. We believe in the bodily resurrection of the believer and the unbeliever, the everlasting bliss of God's children, and the everlasting punishment of those who reject God. (John 11:23-27, Romans 8:11, II Corinthians 5:1; I Thessalonians 4:13-18; II Thessalonians 1:8-10, Revelation 20:12-15).

Signature: _____ Date: _____

Confidential Health Form

TO THE APPLICANT: THIS INFORMATION IS TREATED AS CONFIDENTIAL.

Please print in ink or type answers to all questions.

Name _____ Date of Birth _____

Month/Day/Year

Present Address
Street/PO Box _____
City _____
State/Province _____
Postal Code _____
Phone _____

Emergency Contact
Name _____
Relationship _____
Street/PO Box _____
City/State/Province _____
Postal Code _____
Phone _____

Social Security Number _____ Do you have medical coverage? Yes No

Insurance Company _____ Policy Holder _____ Policy Number _____

Family Doctor _____ Dr's phone# () _____

Height _____ ft. _____ in. Weight _____ lbs.

PART A: PERSONAL HISTORY

Please answer all questions. Comment on all yes answers in the space below, or on a separate piece of paper.

The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.

Have you ever had, or do you now have, any of the following? *(If yes, please explain.)*

	YES	NO		YES	NO		YES	NO
Skin conditions			Heart trouble			Depression		
Eye trouble			High blood pressure			Hepatitis		
Ear trouble			Low blood pressure			Intestinal troubles		
Head injury			Arthritis			Recurrent diarrhea		
Headaches			Back problems			Gall bladder problems		
Epilepsy			Dislocation of joints			Mental/nervous disorders		
Fainting spells			Broken bones			Stomach/Duodenal ulcer		
Anemia			Kidney disease			Venereal disease		
Weakness			Diabetes			Tumor cancer		
Paralysis			SURGERY			FEMALES ONLY		
Insomnia			Appendectomy			Irregular periods		
Shortness of breath			Tonsillectomy			Severe cramps		
Hay Fever, Asthma			Hernia repair			Excessive flow		
Allergies (please specify)			Other (please specify)			Are you pregnant?		

If you answered yes to any of the questions, please explain: (If needed use a separate piece of paper)

Other illnesses or conditions or chronic or recurring illness: _____

Have you been under the care of a doctor in the last 3 months? *Please specify* _____

Are you taking any medications? _____ If yes, give name, dosage & frequency: _____

Are you allergic to any drugs? _____

Do you have a history of emotional instability or psychiatric treatment? *Please specify:* _____

Do you now or have you ever received any compensation for disability from any source? _____

Do you have any physical impairments, handicaps, or health conditions that require special attention? *Please specify:*

Blood type _____ O, A, AB, (+ or -), etc. DATE OF LAST TETANUS SHOT ____ / ____ / ____

Would you rate your health as: Excellent Good Fair Poor

Do you wear contact lenses or glasses? Yes No Specify _____

SURGERIES PERFORMED

DATE	TYPE OF SURGERY	OUTCOME AND LONG TERM EFFECTS

X-RAYS PERFORMED

DATE	TYPE OF X-RAY	RESULT

MEDICATIONS:

ALLERGIES:
