

IMPORTANT

Attach a passport-type
picture of yourself
taken in the last year.

(This is a requirement.)

**APPLICATION FOR
VOLUNTEER PROGRAM**

ONLY those in good spiritual, physical, and emotional health should apply. All should have the spirit of the prophet Isaiah, who said: "Here I am! Send me." (Isa. 6:8) Those applying may be invited to work temporarily at Bethel, in the construction of a theocratic facility, or in another avenue of service. Please answer all questions pertaining to you. If you do not complete the application in its entirety, we may not be able to determine whether you qualify. Personally type or print all answers. If more space is needed for an explanation, please attach a letter. (Those desiring to make themselves available for periodic support of local construction or maintenance projects should complete a *Local Design/Construction Volunteer Application* [DC-50].)

A. PERSONAL PROFILE:

1. (a) Legal name: (Last) (First) (Middle) (b) Gender: () Male () Female
2. Mailing address: (Street address or route and box) (City) (Province or state) (Zone or code) (Country)
3. (a) Home telephone: (b) Mobile telephone: (c) E-mail address:
4. Congregation: (Name) (City) (Province or state)
5. (a) Date of birth: / / (Month) (Day) (Year) (b) Present age: (c) Birthplace: (City) (Province or state) (Country)
(d) Race: (e) Of what country are you now a citizen?
(f) If you are a naturalized citizen, provide the date and number of your naturalization certificate:
(g) Are you an alien resident? () Yes () No
(h) If yes, provide a photocopy of both sides of your alien registration card.
(i) Have you ever been denied a visa or been deported from a country? () Yes () No
(j) If yes, explain:
6. Social Security number/government identification number:
7. (a) Marital status: () Single () Married () Divorced () Widowed () Engaged () Pursuing a courtship
(b) If single, are you contemplating marriage in the near future? () Yes () No
(c) If married, provide the name of your mate. Or if engaged, provide the name of your fiancée or fiancé:
(d) If married, provide the date of your current marriage: / / Maiden name: () N/A
(Month) (Day) (Year)
(e) If separated or divorced, provide the reason:
(f) Are you legally and Scripturally free to remarry? () Yes () No
(g) Do you have any children? () Yes () No
(h) If so, how old are they? (i) Are they or any others (besides a mate) dependent on you for support? () Yes () No
8. (a) What languages do you read and speak fluently?
(b) What languages do you write?
(c) How many words per minute do you type?
9. (a) Do you have any outstanding debts or financial obligations? () Yes () No
(b) If so, for how much, and when do you expect to be free of these debts?
(c) Can you pay your way to your assignment if your application is accepted? () Yes () No
10. (a) If registration for military service is required in your country, have you registered? () N/A () Yes () No
(b) Provide your classification status, if any:
11. (a) Current privileges () Bethel family member () Part-time commuter () Full-time commuter () Bethel temporary volunteer () Regular pioneer
(check all that apply): () Bible School for Single Brothers graduate () Bible School for Christian Couples graduate () School for Kingdom Evangelizers graduate
() Special pioneer () Missionary () Construction servant () Construction volunteer () Assembly Hall or Bible school facility servant
() Substitute circuit overseer () Circuit overseer () Elder () Ministerial servant () Other:
(b) Since when have you been in full-time service? () N/A
12. (a) Past privileges () Bethel family member () Part-time commuter () Full-time commuter () Bethel temporary volunteer
(check all that apply): () Regular pioneer () Special pioneer () Missionary () Construction or international servant
() Construction or international volunteer () Substitute circuit overseer () Traveling overseer () Other:
(b) If so, under what name? (c) When? (d) Identification number:
(e) If you are no longer serving in either full-time or special full-time service, please explain why:

B. SPIRITUAL CONDITION AND BACKGROUND:

1. (a) Date of baptism: / / (b) Anointed or "other sheep"?
(Month) (Day) (Year)
- (c) If anointed, since when have you continuously partaken of the emblems?
2. (a) Have you been reprov'd by a judicial committee within the last three years? () Yes () No
(b) If so, when?
- (c) Have you been reinstated by a judicial committee within the last five years? () Yes () No
(d) If so, when?
3. (a) Do you listen to music that features sexual immorality, violence, spiritism, profanity, or other subject matter inappropriate for a Christian?
(w10 5/15 p. 32; yp2 pp. 255-256, 259-260) () Yes () No
(b) In the past year, have you viewed material inappropriate for Christians, such as movies or videos featuring violence, spiritism, or sexual immorality?
Or pornography in printed form, on the Internet, or otherwise? (w12 3/15 pp. 30-31) () Yes () No
(c) Have you ever had a homosexual relationship? () Yes () No
(d) If you answer yes, please explain:
- (e) Have you ever engaged in child sexual abuse? () Yes () No
(f) If so, when? (w97 1/1 pp. 26-29; w97 2/1 p. 29)
4. (a) What are your hours for each of the last six months? (1) (2) (3) (4) (5) (6)
(b) If your average hours are low, explain why:
5. Do you believe that spiritual food from Jehovah is being provided through the faithful and discreet slave, and are you living in harmony with its teaching?
..... () Yes () No

C. HEALTH CONDITION:

1. (a) Height: (b) Weight:
2. (a) Physical health: (Excellent, Good, Fair) (b) Emotional condition: (Excellent, Good, Fair)
(c) Can you perform tasks required of a brother or sister with good health and normal physical strength? () Yes () No
(d) If no, please explain:
- (e) Are you emotionally stable under pressure? () Yes () No
3. (a) Last year, approximately how many days did you stay at home because of illness?
- (b) If more than 12 days, please explain:
4. (a) Do you have any hearing and/or speech defects? () Yes () No
(b) If yes, explain:
5. If you have poor eyesight, do you use corrective lenses? () N/A () Yes () No
6. (a) Are you currently taking any prescription medication? () Yes () No
(b) If yes, provide the name of the medication and the reason for taking it:
7. (a) Do you have a history of nervous or emotional disorders (e.g., major depression, panic attacks, chemical imbalance, paranoia, schizophrenia, attempted suicide)?
..... () Yes () No
(b) If yes, explain:
8. (a) Have you ever been afflicted by or diagnosed with diabetes, epilepsy, fainting spells, fibromyalgia, HIV, sexually transmitted diseases, hepatitis, high blood
pressure, heart disease, kidney problems, sickle-cell anemia, tuberculosis, tendinitis, repetitive strain injuries, or other chronic infirmities? ... () Yes () No
(b) If yes, explain:
9. (a) Are you in need of or are you receiving orthodontic treatment or any other extensive dental treatment? () Yes () No
(b) If yes, explain:
- (c) If under treatment and your application is accepted, are you prepared to cover the cost of completing your treatment? () N/A () Yes () No
10. (a) Do you have any special dietary restrictions that may limit what food you can eat? () Yes () No
(b) If yes, explain:
11. (a) Do you have any physical disabilities? () Yes () No
(b) If yes, explain:
12. (a) Have you ever been injured in an auto accident or been involved in any other serious accident that caused you injury? () Yes () No
(b) If yes, explain when it occurred, the nature of the injury, the treatment, and any current effects from the injury:
13. (a) Have you ever been hospitalized or had surgery? () Yes () No
(b) If yes, explain:
14. (a) Are you troubled with or have you ever been troubled with asthma? () Yes () No
(b) If yes, explain:
- (c) What medications do you take to control the asthma? (d) How often do you have asthma attacks?
15. (a) Have you used drugs other than for medical treatment? () Yes () No
(b) If yes, which? (c) For how long? From: To:
(d) Describe any present effects of this drug use you now have:

D. WORK SKILLS AND BACKGROUND:

1. What secular work are you now doing?
2. List below the kinds of work you are qualified to do, providing complete details to assist us in understanding your training, experience, and qualifications:

Skill/Subskill	Years of Work	Years of School	Additional Details (Skill level, specialty, and so forth)	Licensed/ Certified*
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>

Notes: It may be helpful to attach a résumé in order to give a fuller explanation of your qualifications.

* If licensed or certified in this trade, please list the provinces/states or countries where you are licensed/certified:

- (a) How many years of basic education have you completed?
- (b) How many years of trade school, college, or university education have you completed?
- (c) Describe the type of training received:

E. CIRCUMSTANCES AND AVAILABILITY:

1. Please indicate below your circumstances and availability to serve. (Check all that apply.)
() **Volunteer**—able to serve at a theocratic facility, such as a branch office, a construction site, or a remote translation office. For what length of time can you serve (one week to six months)?
During what period(s) can you serve? / / to / /
(Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) to (Month) (Day) (Year)
() Check if available anytime

() **Commuter**—able to commute from your current residence to an assignment. How many days of the week are you able to serve?
() **Remote volunteer**—able to work remotely from your current residence. How many hours per week are you able to serve?

2. (a) Are you willing to perform any type of assignment you are given to do based on what you have indicated above? () Yes () No
(b) If not, please explain why not:

3. (a) Are you willing to serve in a foreign assignment? () Yes () No
(b) If you are approved for a foreign assignment, can you pay your way there, including transportation and immigration costs? () Yes () No

4. Will accepting an assignment cause undue hardship on anyone in your family? () Yes () No

PLEASE NOTE: If there is an opening for which we feel you qualify, we will advise you. If you receive no response from the branch office, remember that your application is on file should a need arise. Should you find it necessary to call, please ask for the Temporary Volunteer Desk. If you are NOT accepted for a volunteer assignment at this time, please continue your faithful service in your present assignment and, if possible, in the pioneer service.

F. CONCLUSION:

READ THE FOLLOWING CAREFULLY

This application is an expression of my personal desire to serve in a volunteer assignment. If accepted, I will give that assignment priority over other activities. I will be diligent in taking full advantage of the provisions for study and discussion of God's Word. I will at all times conduct myself in full harmony with all the regulations that apply to those serving in this capacity—such as the high standards of dress and grooming—as well as the counsel of God's Word that applies to all Christians. I recognize that the branch office has the right to determine if and when my services should be terminated.

I hereby consent to the collection and processing of my personal data necessary for the evaluation of my application. I further consent to the branch office of Jehovah's Witnesses that administers the activities of Jehovah's Witnesses in my geographic area processing and retaining for its use the information found on this application and any additional information that may be submitted in connection with my application by individuals serving as elders of Jehovah's Witnesses or by me. I understand that the transfer of my personal data to the branch office of Jehovah's Witnesses and to the ecclesiastical Governing Body of Jehovah's Witnesses (the "Governing Body") in the state of New York, U.S.A., may be necessary for the evaluation of my application. I authorize the transfer to the Governing Body of the information found on this application and any additional personal information that the Governing Body deems necessary regarding my capacity to serve in a volunteer assignment. I understand that if I do not complete the application in its entirety, the elders may not be able to determine whether I qualify for this privilege of service.

Signed by: /s/
(Type name to indicate signature)

Date:

After you have filled out all the questions above to the best of your knowledge and ability and have signed the application, please give it to the Congregation Service Committee for them to complete and forward to the branch office. You should **notify the branch office** of any change of address, change of congregation, or other circumstances that would affect the answers given on this application. APPLICATIONS SHOULD BE RENEWED ONCE EVERY THREE YEARS. If you wish to withdraw the application at any time, you should inform the branch office in writing.

MATERIAL BELOW CONCERNS THE CONGREGATION SERVICE COMMITTEE

The Congregation Service Committee, based on its present knowledge of the applicant and without specifically asking the applicant, should answer the questions listed below to provide its observations along with any other comments it may think would be appropriate. (If more space is needed, please attach a letter with this application.) **NOTE:** The congregation secretary should make sure that **all questions have been answered** by the applicant and the service committee.

1. (a) Is the applicant a good Kingdom publisher? () Yes () No
(b) What are his average hours in field service for the last six months?
(c) If his hours are low, explain why:
(d) If the applicant is a regular pioneer, did he complete his 840 hours during the previous service year? () Yes () No
(e) If no, explain:
2. (a) How does he care for his assignments and cooperate with the body of elders?
(b) If the applicant is a brother and is not serving as a ministerial servant or an elder, please explain the reasons why:
3. Does he have good relations with others in the congregation? () Yes () No
4. (a) Please describe the applicant's personal habits:
(b) Dress and grooming:
(c) Conduct with the opposite sex:
(d) Association:
5. (a) Does he listen to music that features sexual immorality, violence, spiritism, profanity, or other subject matter inappropriate for a Christian?
(w10 5/15 p. 32; yp2 pp. 255-256, 259-260) () Yes () No
(b) In the past year, has he viewed material inappropriate for Christians, such as movies or videos featuring violence, spiritism, or sexual immorality?
Or pornography in printed form, on the Internet, or otherwise? (w12 3/15 pp. 30-31) () Yes () No
(c) If yes, please explain:
6. (a) If the applicant has been disfellowshipped or disassociated in the past, was he or she reinstated within the past five years? () N/A () Yes () No
(b) If so, when?
(c) Has the applicant been reproved by a judicial committee within the past three years? () Yes () No
(d) If so, when?
7. How would you frankly describe the applicant's background (homelife, mental and emotional stability)?
8. (a) Describe any difficulties you have had with the applicant:
(b) What was his response to any counsel given?
9. (a) Are you in full agreement with all the answers given by the applicant? () Yes () No
(b) If no, explain:
10. (a) Would issues be created within the applicant's family or congregation if he were approved to commute or to work remotely from his place of residence?
..... () Yes () No
(b) If yes, please explain:
11. (a) Do you recommend the applicant for an assignment within your branch territory? (Explain why or why not.)
.....
(b) Do you recommend the applicant for a foreign assignment? (Explain why or why not.)
.....

YOUR PERSONAL RATING OF THE APPLICANT

Whenever possible, close relatives should not sign the application.

Rating symbols to be placed in the boxes below:

A = Excellent
B = Good

C = Average (qualifies)
D = Poor (may not qualify)

E = Does not qualify

	Coordinator of the body of elders	Secretary	Service overseer	Comments
Alertness, appearance, poise				
Attitude toward accepting hard work				
Balance in judgment				
Emotional stability, adjusting to people				
Spirituality				

Signed by: /s/
(Coordinator of the body of elders—Type name to indicate signature)

Signed by: /s/
(Service overseer—Type name to indicate signature)

Signed by: /s/
(Secretary—Type name to indicate signature)

.....
(Congregation name)

.....
(Congregation number)

.....
(Date)

NOTE: The Congregation Service Committee will *promptly* forward this application to the branch office. However, the Congregation Service Committee is not obligated to forward the application if a moral issue, such as involvement with pornography **within the last year**, has been identified in the applicant's answer to any of the questions. If it is decided not to forward the application, kindly explain to the applicant why his application is being withheld.