

IMPORTANT

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

(This is a requirement.)

**APPLICATION FOR
TEMPORARY VOLUNTEER PROGRAM**

*Please print all answers or use a typewriter.
If more space is needed for an explanation, please attach a letter.*

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:/...../..... (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.
6. Social Security number: Identification number (if assigned):
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 engaged, provide the name of your fiancée or fiancé:
- (d) If married, provide the date of your current marriage:/...../..... Maiden name:
- (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 Bethel 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. Current privileges (check all that apply): () Bethel family member () Part-time commuter () Full-time commuter () Bethel temporary volunteer () Regular pioneer () Bible School for Single Brothers graduate () Bible School for Christian Couples graduate () Special pioneer () Missionary () International servant () International volunteer () Substitute circuit overseer () Traveling overseer () Elder () Ministerial servant
12. (a) Past privileges (check all that apply): () Bethel family member () Part-time commuter () Full-time commuter () Bethel temporary volunteer () Regular pioneer () Special pioneer () Missionary () International servant () International volunteer () Substitute circuit overseer () Traveling overseer
- (b) If so, under what name? (c) When?
- (d) If you are no longer a pioneer, missionary, or Bethel family member, please explain why:

B. SPIRITUAL CONDITION AND BACKGROUND:

- 1. (a) Date of baptism: (b) Anointed or "other sheep"?
(Month) (Day) (Year)
- 2. (a) Have you been reproved 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 molestation? () 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:
(c) Since when have you been a regular pioneer? () N/A
- 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: (b) Emotional condition:
(Excellent, Good, Fair) (Excellent, Good, Fair)
- 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 or any members of your immediate family 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, 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 accepted to Bethel, are you prepared to cover the cost of completing your treatment in a facility outside of Bethel? () 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:

Type of work or trade	Years of schooling	Years of on-the-job experience	Additional explanatory details	Licensed in this trade?*
1.				
2.				
3.				
4.				

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 states or countries where you are licensed/certified.

3. (a) How many years of public school 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:
4. (a) Can you perform tasks required of a brother or sister with good health and normal physical strength? () Yes () No
- (b) If no, please explain:
5. Are you emotionally stable under pressure? () Yes () No
6. (a) Are you willing to perform any assignment you are given to do? () Yes () No
- (b) If not, please explain why not:
7. What dates are you available to serve at Bethel? (Please list full weeks, from Sunday to Saturday.)
 to For how many weeks?
 (Month/Day/Year) (Month/Day/Year)
 Alternate dates, if possible: Periods other than full weeks:
 to
 (Month/Day/Year) (Month/Day/Year)
8. Will your coming to Bethel 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 temporary volunteer service at this time, please continue your faithful service in your present assignment and, if possible, in the pioneer service.

E. CONCLUSION:

READ THE FOLLOWING CAREFULLY

This application is an expression of my personal desire to become a temporary volunteer at Bethel. If accepted, I will give that assignment priority over all other activities. I will be diligent in taking full advantage of the provisions for study and discussion of God’s Word that are made for the Bethel family, including attending morning worship and the Monday evening *Watchtower* Study. I will at all times conduct myself in full harmony with all the regulations that apply to the Bethel family—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 Bethel 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 to serve as a temporary volunteer at Bethel. 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, United States of America, may be necessary for the evaluation of my application to serve as a temporary volunteer at Bethel. 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 as a temporary volunteer at Bethel.

Date: (Personal signature)

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 mail 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 an applicant wishes to withdraw the application at any time, he 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?
 (b) Does he cooperate with the body of elders? () Yes () No
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 (education, drugs, moral standing, homelife, etc.)?
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. Do you recommend the applicant for temporary volunteer service at Bethel? (Explain why or why not.)

YOUR PERSONAL RATING OF THE APPLICANT				
<i>Whenever possible, close relatives should not sign the application.</i>				
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				

.....
 (Coordinator of the body of elders—Sign and print name)

.....
 (Service overseer—Sign and print name)

.....
 (Secretary—Sign and print name)

.....
 (Congregation name)

.....
 (Congregation number)

.....
 (Date)

NOTE: The Congregation Service Committee will *promptly* forward this application to the **Religious Order of Jehovah's Witnesses, Branch Committee, c/o Temporary Volunteer Desk, 25 Columbia Heights, Brooklyn, New York 11201-2483**, or, if the applicant lives outside the United States, to the appropriate 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 him why his application is being withheld.