

# APPLICATION FOR TEMPORARY VOLUNTEER PROGRAM

Before filling out this application, please read the following carefully

## IMPORTANT

Please attach here one  
passport-type picture  
of yourself,  
taken in the last year.

(This is a requirement.)

**ONLY** those in good spiritual, physical, moral, and emotional health should apply. The Temporary Volunteer program is for those who are able to serve at Bethel for up to and including three months. Your filling out this application is evidence of your willingness to abide by all the rules of Bethel and of your desire to uphold its lofty standards.—Psalm 110:3.

Please answer fully all questions pertaining to you. Personally print all answers or use a typewriter. If more space is needed for an explanation, please attach a letter.

## BACKGROUND INFORMATION:

1. **LEGAL NAME:** ..... Sex: Male ..... Female .....  
Type or print: (Last, First (Middle)
2. **VOLUNTEER NUMBER**, if assigned: ..... **PIONEER IDENTIFICATION NUMBER:** .....
3. **SOCIAL SECURITY NO.:** ..... **HOME TELEPHONE NO.:** ( ) .....
4. **ADDRESS:** .....  
(Your Full Street Address or Route or Box) (City) (Prov. or State) (Zone or Code) (Country)
5. **DATE OF BIRTH:** ..... **PRESENT AGE:** ..... **DATE OF BAPTISM:** .....  
(Month, Day, Year) (Month, Day, Year)
6. Are you **NOW** serving as a: ( ) Auxiliary pioneer, ( ) Regular pioneer, ( ) Special pioneer, ( ) Substitute circuit overseer,  
( ) Elder, ( ) Ministerial servant?  
If you are in a field of service other than what is mentioned above, please explain: .....
7. Have you **EVER BEEN** a: ( ) Bethel family member, ( ) Bethel commuter worker, ( ) Bethel temporary volunteer,  
( ) Regular pioneer, ( ) Special pioneer, ( ) Ministerial Training School graduate, ( ) Gilead graduate,  
( ) International servant, ( ) International volunteer, ( ) Traveling overseer?  
Under what name? ..... When? .....  
If you are no longer a pioneer, missionary, or Bethel family member, please explain why: .....
8. **BIRTHPLACE:** ..... **RACE:** .....  
(City or Township) (Prov. or State) (Country)  
Of what country are you **NOW** a **CITIZEN**? ..... If you are a naturalized citizen, supply the date  
and number of your naturalization certificate .....  
Are you an alien resident? ..... ( ) Yes ( ) No  
If yes, attach a photocopy of both sides of your alien registration card.
9. Are you ( ) **SINGLE**, ( ) **MARRIED**, ( ) **DIVORCED**, ( ) **WIDOWED**, ( ) **ENGAGED**, ( ) **PURSUING A COURTSHIP**?  
If engaged, please give the name of your fiancée or fiancé: .....  
If married, give the date of your present marriage: ..... **MAIDEN NAME:** .....  
If you are **SEPARATED** or **DIVORCED**, state the reason: .....  
Are you legally and Scripturally free to remarry? ..... ( ) Yes ( ) No  
**DEPENDENTS:** How many people look to you for support? (Do not count yourself) .....
10. **DEBTS or FINANCIAL OBLIGATIONS:** Do you have any that would prevent you from serving as a temporary volunteer?  
..... ( ) Yes ( ) No
11. Can you pay your way to Bethel if your application is accepted? ..... ( ) Yes ( ) No

## SPIRITUAL CONDITION AND BACKGROUND:

12. **CONGREGATION:** With what congregation are you **NOW** associated?  
.....  
(Name) (City) (State)
13. Repeat the date of your **BAPTISM:** ..... Are you of the **ANOINTED** or **OTHER SHEEP**? Which? .....  
(Month, Day, Year)
14. How long have you been studying the Society's publications? .....
15. Do you believe that spiritual food from Jehovah is being provided through the "faithful and discreet slave" class and are you in  
harmony with its teaching? (Matthew 24:45-47) ..... ( ) Yes ( ) No

**SPIRITUAL CONDITION AND BACKGROUND (CONTD):**

16. **FIELD SERVICE:** In what year did you begin to go out in field service? .....
17. **HOURS:** What are your average hours in field service for the past six months? .....  
If average hours are below ten, explain why: .....
18. **PIONEER:** Since when have you been a regular pioneer? .....  
What are your hours for each of the last six months? 1) ..... 2) ..... 3) ..... 4) ..... 5) ..... 6) .....  
If average hours are low, explain why: .....
19. Were you **DISFELLOWSHIPED** or **DISASSOCIATED** within the last five years? ..... ( ) Yes ( ) No  
When? ..... When were you reinstated? .....
20. Were you reproved by a **judicial committee** within the last five years? When? ..... ( ) Yes ( ) No
21. **MORALS:** Are you **NOW** of good moral standing and habits? ..... ( ) Yes ( ) No  
Do you listen to heavy metal, RAP, or other music inappropriate for a Christian? (See g93 6/8 pp. 3-11) ..... ( ) Yes ( ) No  
Do you view material inappropriate for Christians, such as R-rated movies/videos? (See g92 11/8 pp. 4-10) ..... ( ) Yes ( ) No  
Have you ever had a homosexual relationship? ..... ( ) Yes ( ) No  
If you answer yes, please explain: .....  
Have you ever engaged in child sexual molestation? If so, when? (See w97 1/1 pp. 26-9, w97 2/1 p. 29) ..... ( ) Yes ( ) No

**HEALTH CONDITION: Please let us know your state of health:**

22. Your **HEIGHT:** ..... **WEIGHT:** .....
23. **PHYSICAL HEALTH:** ..... (Excellent, Good, Fair) **EMOTIONAL CONDITION:** ..... (Excellent, Good, Fair)
24. **PHYSICAL DISABILITY:** Do you have any? ..... ( ) Yes ( ) No  
If yes, describe: .....
25. **ACCIDENTS:** Have you ever been injured in an auto accident, or been involved in any other serious accident that caused you injury? ..... ( ) Yes ( ) No  
If yes, explain when it occurred, the nature of the injury, the treatment, and any current effects from the injury: .....
26. Do you or any members of **YOUR IMMEDIATE FAMILY** have a history of **NERVOUS** or **EMOTIONAL DISORDERS**?  
(i.e. major depression, panic attacks, chemical imbalance, paranoia, schizophrenia, attempted suicide, etc.) ..... ( ) Yes ( ) No  
If yes, explain: .....  
Have you ever taken medication or been treated for **NERVOUS** or **EMOTIONAL DISORDERS**? ..... ( ) Yes ( ) No  
If yes, explain: .....
27. Are you troubled with or have you ever been troubled with **DIABETES, EPILEPSY, FAINTING SPELLS, VENEREAL** or **SEXUALLY TRANSMITTED DISEASES, TENDINITIS, CUMULATIVE TRAUMA DISORDER, CARPEL TUNNEL SYNDROME, HEART DISEASE, HIGH BLOOD PRESSURE, HEPATITIS, TUBERCULOSIS** or other **CHRONIC INFIRMITIES**? ..... ( ) Yes ( ) No  
If yes, explain: .....
28. Have you ever been hospitalized or had surgery? ..... ( ) Yes ( ) No  
If so, when and for what? .....
29. Are you currently taking any prescription medication? ..... ( ) Yes ( ) No  
If yes, explain what medication and what condition is being treated: .....
30. Are you troubled with or have you ever been troubled with **ASTHMA**? ..... ( ) Yes ( ) No  
If yes, please explain in detail: .....  
How often do you have **ASTHMA** attacks? ..... What medications do you take to control the **ASTHMA**? .....
31. Are you in need of, or are you receiving, orthodontic treatment, or any other extensive dental treatment? ..... ( ) Yes ( ) No  
If yes, explain: .....  
If under treatment and accepted to Bethel, are you prepared to cover the cost of completing your dental treatment in a dental facility outside of Bethel? ..... ( ) Yes ( ) No
32. **DRUGS:** Have you used drugs other than for medical treatment? ..... ( ) Yes ( ) No  
If yes, which? ..... For how long? From: ..... To: .....  
Describe any **PRESENT EFFECTS** of this drug experience you **NOW** have: .....
33. **EYESIGHT:** Do you have ..... eyesight? Do glasses correct it? ..... ( ) Yes ( ) No  
(Good) (Poor)
34. **HEARING DEFECT:** Do you have any? ..... ( ) Yes ( ) No  
If yes, describe: .....
35. **SPEECH DEFECT:** Do you have any? ..... ( ) Yes ( ) No  
If yes, describe: .....

# **WORK HABITS AND BACKGROUND:**

36. SECULAR WORK: What work are you doing NOW? .....
37. List the kinds of secular work you are qualified to do, giving details to assist us in understanding your qualifications and the specific type of work you do:

|            | TYPE OF WORK<br>OR TRADE | YEARS OF<br>TRADE<br>SCHOOLING | YEARS OF<br>ON-THE-JOB<br>EXPERIENCE | LICENSED IN<br>THIS TRADE* |
|------------|--------------------------|--------------------------------|--------------------------------------|----------------------------|
| 1st trade: | .....                    | .....                          | .....                                | .....                      |
|            | .....                    | .....                          | .....                                | .....                      |
| 2nd trade: | .....                    | .....                          | .....                                | .....                      |
|            | .....                    | .....                          | .....                                | .....                      |
| 3rd trade: | .....                    | .....                          | .....                                | .....                      |
|            | .....                    | .....                          | .....                                | .....                      |

If you have experience at other trades, or if you need more space to explain your qualifications, please do so in a letter or résumé and attach to this application.

\*NOTE: Please indicate in what states you are licensed: .....

38. TYPE: Can you TOUCH type? ..... ( ) Yes ( ) No  
How many words per minute? .....
39. LANGUAGES: What languages do you SPEAK FLUENTLY? .....
40. What languages do you WRITE? .....
41. EDUCATION: How many years of public school education have you completed? .....  
How many years of trade school, college, or university education have you completed? Please explain the type of training you received: .....
42. Can you do work required of a brother or sister in good health, having normal physical strength? ..... ( ) Yes ( ) No  
If no, please explain: .....
43. Are you strong and able to do hard work for long hours? ..... ( ) Yes ( ) No  
If no, please explain: .....
44. Are you emotionally stable under pressure? ..... ( ) Yes ( ) No
45. Are you willing to do manual work or any other job given you to do? ..... ( ) Yes ( ) No  
If not, please explain why not: .....
46. 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 ..... to .....  
(Month/Day/Year) (Month/Day/Year)

47. Will your coming to Bethel cause undue hardship on anyone in your family? ..... ( ) Yes ( ) No
48. MILITARY SERVICE: If a registration is required in your country, have you registered? ..... ( ) Yes ( ) No  
Are you in any branch of the reserves? ..... ( ) Yes ( ) No  
Explain your classification or status, if any: .....
49. Did you fill out this application yourself? ..... ( ) Yes ( ) No  
If not, why not? .....

**PLEASE NOTE:** If there is an opening for which we feel you are qualified, we will advise you. If you receive no answer from us, 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. Those who are NOT accepted for temporary volunteer service at this time are encouraged to continue their faithful service in their present assignment and, if possible, in the pioneer work. Be assured of our warm Christian love and best wishes.

## **PLEASE READ THE FOLLOWING CAREFULLY AND PRAYERFULLY**

This application is an expression of my personal desire to become a temporary volunteer at Bethel. During the time I will serve, I will give that assignment priority over all other activities. I will also be diligent to take full advantage of the spiritual provisions for the Bethel family to the extent possible. I will at all times conduct myself in full harmony with all the regulations that apply to the Bethel family.

Date: .....

.....  
(Signature of applicant)

After you have filled out all the questions above to the best of your knowledge and ability and have signed the application, then please give it to the service committee in the congregation with which you are presently associated for them to complete and mail to the Society. The applicant should notify the Society of any CHANGE OF ADDRESS or other circumstances that would affect the answers given in this application. If an applicant wishes to withdraw the application at any time, he or she should write and say so.

## MATERIAL BELOW CONCERNS THE CONGREGATION SERVICE COMMITTEE

The Society would like the service committee to answer the questions listed below to get your observations along with any other comments you 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. Is the applicant a good Kingdom publisher? ..... What are his average hours in field service for the last six months? .....  
 If below ten, explain why: .....  
 If the applicant is a regular pioneer, did he complete his 1,000 hours during the previous service year? ..... ( ) Yes ( ) No  
 If his average hours are low, please explain why: .....  
 .....
2. Does he accept responsibility in the congregation? ..... If he is an elder or ministerial servant, how does he care for his duties? .....  
 Does he give public talks? ..... ( ) Yes ( ) No  
 If not, why not? .....  
 .....
3. Does he or she have good relations with others in the congregation? ..... ( ) Yes ( ) No
4. Please describe the applicant relating to his personality habits: .....  
 .....
- Dress and grooming: .....  
 Conduct with the opposite sex: .....  
 Association: .....
5. Entertainment: Does the applicant listen to heavy metal, RAP, or other music inappropriate for a Christian? .... ( ) Yes ( ) No  
 Does the applicant view material inappropriate for Christians, such as R-rated movies/videos? ..... ( ) Yes ( ) No  
 If yes, please explain: .....  
 .....
6. Was he or she disfellowshipped, disassociated, or reproved by a judicial committee within the past 5 years? ..... ( ) Yes ( ) No  
 If so, when? .....  
 If disfellowshipped or disassociated, when was he or she reinstated? .....  
 .....
7. How would you frankly describe the applicant's background (education, drugs, moral standing, home life, etc.)? .....  
 .....
8. Describe any difficulties you have had with the applicant: .....  
 .....
- and his response: .....  
 .....
9. Are you in full agreement with all the answers given by the applicant? ..... ( ) Yes ( ) No  
 If not, explain why not: .....  
 .....
10. Do you recommend the applicant for temporary volunteer service at Bethel? ..... Why? .....  
 .....

### 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

C = Average (qualifies)

E = Does not qualify

B = Good

D = Poor (may not qualify)

|                                          | Presiding<br>overseer | Secretary | Service<br>overseer | Comments |
|------------------------------------------|-----------------------|-----------|---------------------|----------|
| Alertness, appearance, poise             |                       |           |                     |          |
| Attitude toward accepting hard work      |                       |           |                     |          |
| Balance in judgment, intelligence        |                       |           |                     |          |
| Emotional stability, adjusting to people |                       |           |                     |          |
| Spirituality                             |                       |           |                     |          |

Presiding overseer ..... (Signature)      Service Overseer ..... (Signature)

Secretary ..... (Signature)

(Congregation Name)

(Congregation Number)

(Date)

**NOTE:** The Congregation Service Committee will *promptly* forward this application to Watchtower Bible and Tract Society of New York, Inc., Temporary Volunteer Desk, 25 Columbia Heights, Brooklyn, New York 11201-2483. Or, if the applicant lives outside the United States, send this application to the branch office.