



**SERVICE APPLICATION**  
**PO Box 40 - Hillsborough, NH - 03244-0040**  
**(603) 464-5555**  
**www.hismansion.com**

**Date:** \_\_\_\_\_

**Desired Start Date:** \_\_\_\_\_

**Desired Length of Service:** \_\_\_\_\_

**I. Personal Contact Information**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Permanent (Mailing) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Marital Status:      \_\_ Single   \_\_ Engaged   \_\_ Married   \_\_ Widowed   \_\_ Separated   \_\_ Divorced

Do you have any children?    \_\_ Yes    \_\_ No

(If yes), what are their names and ages? \_\_\_\_\_

\_\_\_\_\_

Do you have legal and/or physical custody? \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_





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Hillsborough, NH. 03244  
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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a member?  Yes  No How long have you attended there? \_\_\_\_\_Years \_\_\_\_\_Months

Have you discussed your intent to serve at His Mansion with your pastor?  Yes  No

Is this that church that will commend you?  Yes  No

May we contact your pastor to discuss your candidacy?  Yes  No If no, why not? \_\_\_\_\_

**V. Background Information & Personal History**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
ft/in lbs

*Please Answer all of the following questions. Answering "yes" to the following questions will not necessarily disqualify you from service. Please provide a brief explanation for any item that you have checked "yes." Feel free to attach a separate sheet for short explanatory answers to these questions.*

1. Please list and explain any medical conditions or health issues.

\_\_\_\_\_  
\_\_\_\_\_

2. Have you received any diagnosis from a mental health professional?  Yes  No

If yes, what is the diagnosis?

\_\_\_\_\_

3. Do you take any prescribed medications pursuant to a physician's direction?  Yes  No

(If yes) please list the medication and dosage? \_\_\_\_\_

\_\_\_\_\_

4. Is your diet restricted?  Yes  No

(If yes), explain \_\_\_\_\_

5. Do you have any allergies? (e.g. drug, food, seasonal, animal, etc....)  Yes  No

(If yes), explain \_\_\_\_\_

6. Do you now have or have you ever experienced problems with your back?  Yes  No

(If yes), explain \_\_\_\_\_



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7. Does anything hinder you from doing physical work, including heavy lifting?  Yes  No

(If yes), explain \_\_\_\_\_

8. Have you ever had an eating disorder? (Anorexia, Bulimia, etc...)  Yes  No

(If yes), explain \_\_\_\_\_

9. Have you ever used illegal drugs?  Yes  No

(If yes), please describe \_\_\_\_\_

10. Have you ever had a problem with substance abuse?  Yes  No

(If yes), explain \_\_\_\_\_

\_\_\_\_\_

11. Have you ever been involved in a homosexual experience?  Yes  No

(If yes), explain \_\_\_\_\_

12. Have you ever been hospitalized for emotional or behavioral problems?  Yes  No

(If yes), explain \_\_\_\_\_

a. When and where were you last hospitalized? \_\_\_\_\_

b. Have you ever tried to commit suicide?  Yes  No

13. Have you ever been abused or been an abuser? (includes mental, emotional, physical and sexual abuse)  Yes  No

(If yes), explain (use a separate sheet if necessary):  
\_\_\_\_\_

14. Do you have a history of violent behavior?  Yes  No

(If yes), explain  
\_\_\_\_\_

15. Describe your exposure to pornography. \_\_\_\_\_

\_\_\_\_\_

16. Describe your sexual history. \_\_\_\_\_

\_\_\_\_\_

17. Have you ever been charged with or convicted of any criminal act, regardless of whether the conviction was later set aside or expunged?  Yes  No

Please provide the details of the offenses charged and the outcome – including sentencing, if applicable.

\_\_\_\_\_



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**VI. Spiritual**

Serving at His Mansion carries a lot of responsibilities. We are accountable to the Lord for the way in which we lead and instruct these young people. Not everyone is meant to serve in this environment. Carefully read the following questions and answer them thoroughly, honestly and thoughtfully on a separate sheet of paper.

- 17. How would you describe your relationship with God? Who is Jesus Christ to you?
- 18. If you were presenting a brief explanation of the gospel of Jesus Christ to an interested young person, describe the main points that you would communicate?
- 19. Describe how you came to understand the gospel message described in the preceding question.
- 20. Describe your past and present relationship with your mother and father (do this for each parent separately.)
- 21. What is your reason for wanting to serve at His Mansion?
- 22. What character qualities or life experiences do you possess that could help you relate to the residents at His Mansion?
- 23. Describe how the beliefs and values that guide you find expression in your life, with specific examples.
- 24. Explain your understanding of spiritual authority and describe your relationships (past and present) to spiritual authorities in your life.

**VII. References**

Please list three individuals that we may contact for reference. Avoid using relatives. Please use pastors, elders, leaders of the church, ministry groups or organizations, close friends, etc.

**Reference ONE:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

How long have they known you? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Reference TWO:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

How long have they known you? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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E-mail Address: \_\_\_\_\_

**Reference THREE:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

How long have they known you? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please read the following statement and sign below.**

I hereby certify that the answers and other information on this application are true and correct *to the best of my knowledge*. I understand that any material misrepresentation or omission of facts on my part will be grounds for dismissal from my service at His Mansion Ministries.

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

**PLEASE MAIL YOUR APPLICATION ALONG WITH A PHOTOGRAPH OF YOURSELF TO:**

**His Mansion Ministries**  
P. O. Box 40  
Hillsborough, NH 03244  
Attn: Director of Recruiting

**Faxed applications will not be accepted.**