

Life Experience Data Sheet



Please click the form fields and type in your information.

Name: _____

Complete Address (Parents or Relative): _____

Telephone: _____

1. Hobbies: _____

2. Work Experience (list jobs performed e.g., auto mechanics, secretary, painter, maintenance, etc.): _____

3. Did you do an internship with Teen Challenge? _____

A. If yes, where & when? _____

B. Were you a Class B driver? _____

C. What was your job description?

- | | | |
|--|---|--|
| <input type="checkbox"/> Kitchen Manager | <input type="checkbox"/> Yard Crew Leader | <input type="checkbox"/> Car Wash Leader |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Student Services | <input type="checkbox"/> Other: _____ |

4. Ministry Experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Juvenile Hall | <input type="checkbox"/> Ushering | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Choir Director | <input type="checkbox"/> Worship | <input type="checkbox"/> Sharing Testimony |
| <input type="checkbox"/> Soloist | <input type="checkbox"/> School Teams | <input type="checkbox"/> Preaching |
| <input type="checkbox"/> Street Witnessing | <input type="checkbox"/> Sunday School Teacher | <input type="checkbox"/> Children's Program |
| <input type="checkbox"/> Bible Studies | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Sound Board |
| <input type="checkbox"/> Royal Rangers | <input type="checkbox"/> Puppets | <input type="checkbox"/> Missionettes |
| <input type="checkbox"/> Bus Ministry | <input type="checkbox"/> Play Instruments (List Types) _____ | |

5. Work Experience

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Auto Maintenance | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Typist | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Office Work (filing) |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Phone Soliciting |
| <input type="checkbox"/> Store Management | <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Auto Body & Paint Work |
| <input type="checkbox"/> Re-Upholstery | <input type="checkbox"/> Journalism | <input type="checkbox"/> Other _____ |

6. How is your Spanish speaking ability?

- Fluent Can hold a conversation Some Very little None