

World Harvest Church

Boys To Men Ministry - Student/Child Application

PURPOSE STATEMENT: Boys To Men is a mentorship ministry of World Harvest Church of Paducah designed to support young men ages 13–21 who do not currently have a father in the home. Through consistent mentorship, discipleship, and group activities, Boys To Men seeks to provide positive male role models, biblical guidance, and practical life exposure in a safe, structured, and Christ-centered environment.

This application is intended to help us prayerfully and thoughtfully understand your child and determine whether Boys To Men is a good fit for their needs.

We recognize that entrusting your child to others is significant, and we are committed to transparency, safety, and respect throughout this process.

All information provided in this application will be kept confidential and used solely for ministry placement and care purposes.

Parent / Guardian Information

Full Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred Method of Contact: Phone ☐ Email ☐ Text ☐

Are you a member of World Harvest Church of Paducah? Yes ☐ No ☐

If yes, how long have you been a member? _____

If no, how long have you attended World Harvest Church? _____

Child's Full Name: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Does your child currently attend World Harvest Church services or youth activities?

Yes ☐ No ☐ Occasionally ☐

Who lives in the home with your child? (Please list names and relationship to child)
How would you describe your child's relationship with male role models (if any) in their life?

What is daily life like at home for your child? (Routines, responsibilities, etc.)

What are some of your child's strengths? (Personality traits, talents, interests, character, etc.)

What areas do you feel your child struggles with or needs support in?

How would you describe your child's spiritual life at this time?

Are there any emotional, behavioral, or social challenges we should be aware of to better support your child?

What do you hope your child will receive or gain from participating in the Boys To Men Ministry?

Are there specific life skills, character qualities, or spiritual growth areas you are hoping to see developed?

Does your child have any medical conditions, allergies, or special needs we should be aware of? Yes ☐ No ☐ If yes, please explain:

Emergency Contact (if different from parent/guardian)

Name: _____ Phone: _____

Relationship to Child: _____

Consent & Acknowledgement

I understand that Boys To Men is a mentorship and discipleship ministry, not a counseling or therapy program. I give permission for my child to participate in Boys To Men activities, including group events and supervised mentorship interactions, as determined appropriate by ministry leadership.

I understand that all mentors undergo an application process and background check and that World Harvest Church of Paducah is committed to maintaining a safe and respectful environment for all participants.

Parent / Guardian Signature: _____ Date: _____

Print Name: _____