

Church Name

LEADERSHIP APPLICATION

PERSONAL CONTACT INFORMATION

First Name		Last Name	
Title		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City/State/Zip	
Phone Fax		Email Address	

PERSONAL INFORMATION

Date of Birth		Employer	
Occupation		Work Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> N/A
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	If married, how long?	
Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list their names and ages.	1 st Child: 2 nd Child:
3 rd Child:		4 th Child:	
5 th Child:		6 th Child:	
7 th Child:		8 th Child:	

How long have you been attending [Church Name]? _____

Are you currently a member of [Church Name]? Yes No – If not please explain: _____

Please list the churches you have previously been affiliated with (if any), denomination, dates attended and reason for leaving:

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In past 5 years, have you held positions of leadership either inside or outside of the church? If yes, please specify by naming position, church...

Yes No

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Are you currently serving in any other ministries at [Church Name]? Yes No - If yes, what are they?

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LEADERSHIP INFORMATION

Have you previously led or participated in a small group? Yes No - If yes, was your experience in that group positive or negative? (Explain)

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I want to serve in: Men's Group Women's Group Married Couples Group Marriage Mentor Mainly Music Other

I want to serve as a: Discipleship Group Leader Table Group Leader Head Community Group Leader Marriage Mentor Other

What interests and excites you the most about serving in this capacity?

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SPIRITUAL BACKGROUND

If someone were to ask you to explain "salvation", how would you respond?

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Please share your conversion experience (Testimony or God experience). Please be as specific as possible.

How has your personal relationship with Jesus Christ impacted your life?

Are there any struggles you are having/have had that could limit your effectiveness in ministry at [Church Name]? Yes No - If yes, please explain:

What do you consider to be your personal strengths?

What are your spiritual gifts?

PERSONAL REFERENCES

Company name		Home Phone	
Address		Cell Phone	
City, State ZIP Code		E-mail	
Company name		Home Phone	
Address		Cell Phone	
City, State ZIP Code		E-mail	
Company name		Home Phone	
Address		Cell Phone	
City, State ZIP Code		E-mail	

AGREEMENT

By submitting this application, you authorize Church Name to make inquiries into the personal references that you have supplied.

SIGNATURE

Signature	Date
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