

Church Name

LEADERSHIP APPLICATION

PERSONAL CONTACT INFORMATION

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|------------|--|----------------|--|
| First Name | | Last Name | |
| Title | | Street Address | |
| City | | State/Zip | |
| Phone | | Email Address | |

PERSONAL INFORMATION

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|------------------------|--|----------------------------------|---|
| Employer | | | |
| Occupation | | Work Status | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> N/A |
| Do you have children? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list their names. | 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), 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?

What do you consider to be your personal strengths?

What are your spiritual gifts?

PERSONAL REFERENCES

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| 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 | |
|-----------|--|------|--|