

Confidential



Life Church Ministries Worker Application

This application is to be completed by all applicants for any position (volunteer or compensated) within Life Church. It is being used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

Name _____ Date: _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Male _____ Female _____ Birth date _____ Marital status _____ No. of children _____

Spouse's name (if married) _____ Anniversary date (if married) _____

Is your spouse involved in a Life Church ministry? Yes No If yes, where _____

Maiden name _____ Your SS # present and past _____

Alias (or other names you've gone by) _____

Present employer _____

May we call you at work? Yes No Work phone () _____

Are you a member of Life Church? Yes No How long have you attended Life Church? _____

Have you been born again? Yes No If yes, where? _____

Have you been filled with the Holy Spirit (according to Acts 2:4)? Yes No

If yes, where? _____ Year _____

Have you been baptized in water? Yes No If yes, where? _____

Do you tithe on a regular basis to Life Church? Yes No

Have you ever completed a Life Church Ministries Application before? Yes No

If yes, for what department? _____ And when? _____

DO YOU BELIEVE:

Yes No

- ___ ___ In the virgin birth and deity of our Lord Jesus Christ?
- ___ ___ That Jesus is God's Son and the only sacrifice for sin?
- ___ ___ That man must be born again to receive eternal life?
- ___ ___ In eternal reward for the believer? (Heaven)
- ___ ___ In eternal damnation for the lost? (Hell)
- ___ ___ The rapture of the church prior to the 7-year Tribulation?
- ___ ___ In the infallibility of the scriptures?
- ___ ___ That divine healing is part of redemption's purchase and is God's will for all who believe?
- ___ ___ That Jesus arose bodily from the dead?
- ___ ___ In the infilling of the Holy Spirit?
- ___ ___ That speaking in tongues is the initial physical evidence of the Baptism of the Holy Spirit.

List (name and address) of other churches you have attended regularly during the past five years:

List any gifts, callings, training, education, or other factors that have prepared you for Christian service:

Have you ever led anyone to Christ? _____

Have you ever helped anyone receive the Holy Spirit? _____

Have you ever been involved in ministries before? _____

If yes, in what areas? _____

With what church or organization? _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to ministry? Yes No

If yes, please explain: _____

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

If you answered yes, please explain: _____

Have you been involved in homosexual activity within the last five years? Yes No

Do you presently have any communicable diseases (*including HIV or AIDS*)? Yes No

If yes, please explain: _____

Do you smoke? _____ Drink? _____ Use illegal drugs? _____

Why do you want to be involved in Life Church Ministries? _____

Indicate Areas Of Interest

- Altar Counselor
- Audio
- Bookstore
- Bus Driver
- Greeter
- Hospital Ministry
- Video
- Drama
- Musician
- Senior Outreach Ministries
- Prison Ministry
- Safety/Traffic
- Singer
- Usher
- Visitation Ministry
- Custodial
- Nursery (birth to 2)
- Pre-School (2-5)
- Kids Alive (Age 6 – Gr. 4)
- Bus Ministry
- Impact Youth Ministry
- College
- Grounds Keeping
- Singles

If you mark more than one area, please put a number to indicate the order of your preference.

Which service/class/Life Group do you normally attend? _____

Which service/class/Life Group would you be able to work in? _____

Is your spouse and/or family in agreement with you working in a Life Church ministry? _____

Personal References

(Not employees or relatives)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Pastoral Reference

(Former Senior Pastor, Associate Pastor or Ministerial Supervisor)

Name _____

Address _____

Telephone _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf.

Should my application be accepted, I agree to be bound by the constitution and by-laws and policies of Life Church and to refrain from unscriptural conduct.

Applicant's Signature _____

Date _____

Witness _____

Date _____