

# Ministry TEAM Application & Background Check

Thank you for your interest in being a part of the TEAM at New Life Church. This application is designed to help us provide a safe and secure environment for the whole family at New Life Church and is a requirement by church insurance carriers.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ministry area of interest:

earlylife    kidlife    Youth

Other: \_\_\_\_\_

## **Basic Information**

Full Legal Name (Last, First, Middle): \_\_\_\_\_

Other Names (Maiden, etc.): \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Male    Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How long have you lived in Minnesota? \_\_\_\_\_ Other states you have lived in & when: \_\_\_\_\_

Marital Status (circle one): Single Engaged Married Divorced Widowed

Spouse's Name (if applicable): \_\_\_\_\_

## **Church History & Ministry-Related Experience**

How long have you regularly attended New Life Church? \_\_\_\_\_

List previous church you attended: (Name of church, phone, city, state, ministries involved in): \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? (Romans 10:9-13) yes no

Briefly describe: \_\_\_\_\_

List any gifts, callings, training, education or other factors that have prepared you for the ministry area you are applying for: \_\_\_\_\_

Special Interests & Talents (check any that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> teaching               | <input type="checkbox"/> assistant to leader | <input type="checkbox"/> publication/newsletter   |
| <input type="checkbox"/> crafts/sewing/painting | <input type="checkbox"/> creative writing    | <input type="checkbox"/> games & recreation       |
| <input type="checkbox"/> praise & worship       | <input type="checkbox"/> outreach            | <input type="checkbox"/> administrative           |
| <input type="checkbox"/> carpentry              | <input type="checkbox"/> greeter             | <input type="checkbox"/> constructions/remodeling |
| <input type="checkbox"/> sound & media          | <input type="checkbox"/> drama               | <input type="checkbox"/> Other:                   |
| <input type="checkbox"/> story telling          | <input type="checkbox"/> musical instruments | <input type="checkbox"/> Other:                   |

Briefly explain why you would like to help out in \_\_\_\_\_ (fill in area):

\_\_\_\_\_

Name: \_\_\_\_\_

**Background Information**

These questions are a part of our process to help provide a safe and secure environment for minors (children and youth) or those who may be vulnerable. Answering “yes” or “no” to any of these questions does not necessarily include or exclude you from involvement. Thank you for your understanding and helping New Life Church be a safe place for the whole family.

1. Have you ever been charged, arrested, or convicted of a felony or misdemeanor?  Yes  No

2. Do you use non-prescription drugs?  Yes  No

3. Have you ever been hospitalized or treated for alcohol or substance abuse?  Yes  No

4. Have you ever been accused, arrested, or convicted for any sexually-related crimes or harassment?  Yes  No

If yes, please explain:

5. Have you ever been accused, arrested, or convicted for any assault-related crimes?  Yes  No

If yes, please explain:

6. Is there anything in your past that might come up as a questionable issue?  Yes  No

If yes, please explain:

If you answered “yes” to any of the above six questions, please explain: \_\_\_\_\_

**References** (18 or older, not relatives please)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

*By signing below, I certify that the information contained in this application is complete, accurate, and not misleading in anyway. I authorize New Life Church and its agents to contact references provided, as well as any sources not provided in order to obtain information regarding my character and fitness involvement in ministry. Should my application be accepted, I agree to submit to the policies and procedures of New Life Church, and to refrain from unscriptural conduct in the performance of my services on behalf of New Life Church. I understand this application must be completed and checked before I can be placed in ministry.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent if Minor: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_

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(This page applies to adults only)

Name: \_\_\_\_\_

## Formal Education

Institution	Degree Earned	Year Graduated

Presently a student:  Full Time  Part Time    Year: \_\_\_\_\_    School: \_\_\_\_\_

## Employment History (Please list chronologically, starting with most current position.)

Position Held	Employer	Date	Full or Part-time
		-	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		-	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		-	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		-	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		-	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

## Ministry History (Please list chronologically, starting with most current position.)

Position Held	Church	Date	Supervisor
		-	
		-	
		-	
		-	
		-	

<i>List three STRENGTHS</i>	<i>List three WEAKNESSES</i>
1.	1.
2.	2.
3.	3.