

//STUDENT MINISTRY ADULT VOLUNTEER APPLICATION//

GENERAL

Name _____ Birthday _____

Address _____ City _____ State ____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell _____

Male _____ Female _____

Marital Status: Single Married Divorced Spouse's Name: _____

Children's Name(s) _____

BACKGROUND

Do you attend worship services? Yes No How long? _____

Have you served in other ministries? Yes No Which one(s)? _____

Are you a member of this church? Yes No How long? _____

Have you attended a Student event? Yes No What event(s)? _____

Are you in full support of the Student Ministry's vision and purpose? Yes No

Are you willing to use your vehicle to transport students? Yes No

Have you ever been convicted of a crime? Yes No

Are you using any illegal drugs? Yes No

Have you had or been accused of having a sexual relationship with a minor? Yes No

EDUCATION

High School _____ Graduation Date _____

College _____ Graduation Date _____ Major _____

Other _____ Special Training _____

GIFTS

Based on experience and feedback from others, please circle & number what you believe to be your top 4.

- _ Administration _ Craftsmanship _ Creative Comm _ Discernment _ Encouragement
- _ Evangelism _ Exhortation _ Faith _ Giving _ Helps
- _ Hospitality _ Intercession _ Knowledge _ Leadership _ Mercy
- _ Serving _ Shepherding _ Teaching _ Wisdom

PERSONALITY

Please circle the traits that best describe you:

- Extrovert Leader Flexible Intelligent Introvert Energetic Even Tempered
- Thinker Balanced Feeler Teachable Loyal Self-starter Compassionate
- Like Routine Laid Back Like Variety Thorough Humble Follower Communicator
- Up Front Reliable Honest Sensitive Risk Taker Structured Strong Willed
- Team Player Trusted Work Alone Patient Responsible Friendly Behind the Scenes

What are your weaknesses? _____

INTERVIEW

Why do you feel called to work with students? _____

If you were to serve, what would be your expectations of the ministry in general and leaders specifically?

What are your concerns about serving in Student Ministries? _____

REFERENCES

Please list 3 references:

Name _____ Yrs. Known _____ Relationship _____ Phone _____
Name _____ Yrs. Known _____ Relationship _____ Phone _____
Name _____ Yrs. Known _____ Relationship _____ Phone _____

SIGNATURE

My signature bears witness that the information and statements provided are true and complete. I give authorization to contact any individual or organization listed as a reference.

Signature _____ Date _____

STAFF USE ONLY

Received By _____ Date _____

Interviewed By _____ Date _____

Background check completed/ YES NO Date _____

Leadership Covenant signed/ YES NO Date _____

Driver form submitted/ YES NO Date: _____

Comments _____

YOUR TESTIMONY

Your Life Before Christ

How You Met Christ

Your Life Since You Accepted Christ As Savior
