Church Application

Please print clearly in blue or black ink.

DATE OF APPLICATION

01 APPLICANT INFORMATION

FULL NAME

STREET ADDRESS | CITY | STATE | ZIP

MARITAL STATUS

☐ Married ☐ Single ☐ Widowed

NAME OF SPOUSE

CELL PHONE | EMAIL

02 LICENSING & ORDINATION

LICENSED BY | DATE

ORDAINED BY | DATE

03 EDUCATIONAL PREPARATION

HIGH SCHOOL | YEAR GRADUATED

CITY | STATE | ZIP

COLLEGE / UNIVERSITY | DEGREE | YEAR GRADUATED

CITY | STATE | ZIP

GRADUATE SCHOOL | DEGREE | YEAR GRADUATED

04 MINISTRY EXPERIENCE

Previous Ministry List church(es) served and number of years at each.

CHURCH	CITY / STATE	YEARS

04 MINISTRY EXPERIENCE (CONTINUED)

Present Ministry

CHURCH

CHURCH ADDRESS

CHURCH PHONE

REFERENCE

05 PROFESSIONAL REFERENCES

Please list three references who can speak to you and your ministry: one clergy, one layperson, and one personal acquaintance.

CLERGY

NAME

PHONE

ADDRESS

LAYPERSON

NAME

PHONE

ADDRESS

PERSONAL ACQUAINTANCE

NAME

PHONE

ADDRESS

06 CRIMINAL BACKGROUND CHECK

If selected for interview, are you willing to submit to a criminal background check?

☐ Yes ☐ No

APPLICANT'S SIGNATURE

DATE

07 VISION & GOALS

Share your vision for the spiritual and intellectual growth of the church.

Share your short-term and long-term goals for the development of ministries that will strengthen families, reach youth and young adults, and encourage new membership.

08 APPLICATION CHECKLIST

This application must be completed and mailed or emailed to be considered. Please submit the following:

- ☐ A completed application
- ☐ A cover letter of introduction, testimony of salvation, and call to ministry
- ☐ A copy of ministerial license and ordination certificate
- ☐ Three (3) letters of recommendation: one each from clergy, a layperson, and a personal acquaintance

ALL FINAL APPLICANTS MUST BE WILLING TO SUBMIT TO A CRIMINAL BACKGROUND CHECK