

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:

- Early Childhood KidZone 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 | |

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

Drivers 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.