

Ministry Application

Today's Date: _____

Name: *(Please Print)* _____
Last *(Maiden Name)* *First* *Middle*

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Number of years at this address: _____. (If less than 5 years, list previous address below)

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Driver's License: _____ State: _____

Current Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Current Employment: _____ Occupation: _____

Employer Phone #: _____ Contact: _____

Previous Employer, if less than 5 years at current employment: _____

Previous Employment Phone Number and Contact: _____

Marital Status: Married___ Separated___ Divorced___ Cohabiting___ Single___

If married, spouse's name: _____

Children's name and ages (if any): _____

Emergency Contact Information Name: _____

Relationship: _____ Phone: _____

Describe your relationship with God: _____

Local Church Affiliation: _____

Church Address: _____

How long have you consistently attended this church: _____ Member: Yes___ No___

Other than the worship service, how are you connected with this church? _____

List other churches you have attended in the past 5 years: _____

Have you been convicted or entered a guilty plea or no contest to
any crime other than a minor traffic violation? Yes___ No___

Have you provided illegal substance to minor(s)? Yes___ No___

Have you ever been charged with sexual harassment? Yes___ No___

Have you ever been investigated by Child Protective Services or
any Law Enforcement Agency? Yes___ No___

Do you have any health concerns that might impact your ability to
perform the function of a ministry position? Yes___ No___

(If you responded "yes" to any of the above questions, please explain here and on the back of this page:

Describe your volunteer or career experience with children or youth: _____

List your gifts, training, and education that prepare you for ministry with minors: _____

Do you have an age group preference for ministry, and why? _____

Personal (Non-Family) References

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Read Carefully

I certify that the information I have provided is true and correct to the best of my knowledge. I authorize any references, churches, employers, and organizations listed in this application to give you information they may have regarding my character and fitness to work with minors. I agree to allow you to have a background check conducted. I release and hold harmless from all liability any individual or organization requesting, supplying, or verifying information in connection with this screening process.

Applicant's Signature: _____ Date: _____

Print Your Name: _____

Social Security Number: _____

Attach a photocopy of your current driver's license or government-issued photo I.D.

MINISTRY APPLICATION PROCESSING

_____ **Church of the Nazarene**

_____ (*insert church address*)

(*For Office Use Only*)

Name of Ministry Applicant: _____

- | | |
|---|-------------------------|
| ___ Completed and signed Ministry Application | Date Received: |
| ___ Photograph of Applicant on file | Date Received: |
| ___ Reference Checks (minimum of 2 on each applicant) | Date Completed: |
| Attach completed Reference Record Check forms | |
| ___ Criminal Background Check | Date Completed: |
| Attach Background Check findings | |
| ___ Applicant Status: | Accepted___ Rejected___ |
| Explain: | |
| ___ Safety Training | Date Completed: |
| ___ Certificate given or sent to Applicant | |
| ___ Certificate placed in Volunteer's or Staff file | |
| ___ Annual Training and Review | Date: |
| | Date: |
| | Date: |
| | Date: |