



Please check (✓) and complete for appropriate campus.

Family Church _____ (Campus)

Iglesia Familiar _____ (Campus)

Date of Interview _____

Ministry Area _____

Application to Serve

The following information is considered confidential and will only be shared with the appropriate pastoral staff.

General Information

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Employer: _____

Work Status: Full-time Part-time Student Retired Homemaker

Marital Status: Married Single Divorced Widowed

Highest Level of Education: High School or Equivalent College Graduate

Languages spoken with fluency: _____

Personal and Spiritual History

Please write a brief testimony of when you began your personal relationship with Christ, including your baptism. Please be prepared to share your story.

Life History

Have you ever used illegal drugs or abused alcohol or prescription medications? Yes No

If yes, please describe. _____

Have you ever undergone treatment for alcohol or drug abuse? Yes No

If yes, please describe. _____

Have you ever been accused of child abuse, sexual abuse or domestic violence? Yes No

If yes, please describe. _____

Is there anything in your life, current or past, that would embarrass or cause problems for you or our church? Yes No

If yes, please explain. _____

Is there anything posted in your social media (i.e. Facebook, Twitter, etc.) that would embarrass or cause problems for you or our church? Yes No

If yes, please explain. _____

Church Ministry History

Campus you attend: Family Church _____ Iglesia Familiar _____

How long have you attended Family Church/Iglesia Familiar? _____

Are you a member at Family Church/Iglesia Familiar? Yes No

List previous ministry experience at Family Church or any other church or ministry:

Date Started	Ministry/Activity	Date Ended	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you faithfully attend Worship Services? Yes No

What time do you attend Worship? _____

Which Growth Group do you attend? _____

Please list 2 Personal References:

	Name	Email	Cell Phone
1)	_____	_____	_____
2)	_____	_____	_____

I affirm that, to the best of my knowledge, the information on this application is correct.

Signature: _____ **Today's Date:** _____