

Application for Ministry

New Life Assembly of God

This application is to be completed by all applicants for any position of ministry at New Life. All information will be kept completely confidential. If you have any questions or need assistance, please do not hesitate to call or e-mail us.

General Information (Please Print)

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Email address _____

Marital Status - Single | Married | Widowed | Divorced | Engaged

In which of the following areas are you gifted and/or have training, education, interest or experience?

Music

Drama

Office/Clerical Work

Event Setup/tear down

Working with Children

Visitation

Greeting

Sound/video production

Advertising

Computers

Administration

Working with teenagers

Small groups

Teaching

Finances

Other (explain below):

Hobbies and Interests

How do you like to spend your free time? What do you do for fun

Church History and Prior Ministry Experience

How long have you been attending New Life Assembly? _____

Do you attend weekly services regularly? (Circle one) Yes No

List other churches you have attended regularly during the past five years:

List all previous **church work:**

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? Yes No

When and how did you become a Christian?

Have you been baptized in water? Yes No

Have you received the Baptism in the Holy Spirit with the initial, physical evidence of speaking in tongues? Yes No

If No, are you currently seeking the Baptism in the Holy Spirit? Yes No

Please list which specific area of ministry you are interested in being involved with:

Those applying to work with Minors must complete this portion of the application and must submit 3 references to the church office.

List all previous **church work** involving minors (list each organization's name and address, type of work performed, and dates).

List all previous **non church work** involving minors (list each organization's name and address, type of work performed, and dates)

Have you ever been convicted of or pled guilty to a crime? Yes No
If yes, please describe on a separate sheet of paper.

Has there been alcohol abuse, drug abuse, physical or sexual abuse in your family background? Yes No

Do you smoke cigarettes, cigars, pipes, chew tobacco, etc.? Yes No Occasionally

Are you using illegal drugs? Yes No Occasionally

Have you ever gone through treatment for alcohol or drug abuse? (circle one) Yes No
If yes, please describe on a separate sheet of paper.

Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting any child? (circle one) Yes No
If yes, please explain, on a separate sheet of paper, in detail, providing date and place of incident.

Personal References (Not Former Employers or relatives)
Please list three people that we can contact and obtain a reference from.

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by New Life Assembly of God, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any

right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the bylaws and policies of New Life Assembly of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date: _____

Witness _____ Date: _____

NEW LIFE ASSEMBLY OF GOD
Volunteer Authorization For Release of Background Information

In connection with my application for volunteer service with **NEW LIFE ASSEMBLY OF GOD**, I authorize **NEW LIFE ASSEMBLY OF GOD** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **NEW LIFE ASSEMBLY OF GOD** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize without any reservation, any person, agency, or other entity contacted by NEW LIFE ASSEMBLY OF GOD or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **NEW LIFE ASSEMBLY OF GOD**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 863-858-7360

PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: if your address is a rural route, or post office box, we must have City & County mail was delivered

Current Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

Thank you for applying to help at NEW LIFE ASSEMBLY OF GOD