

Application Form

Youth Minister

Andover Christian Church



Name: _____

Date: ___ / ___ / ___

What is your previous experience in Youth Ministry?

What do you believe are your strengths and gifts that you will bring to this ministry?

Why are you applying for this ministry position at this church?

When would you be available to begin this ministry?

Please include with this application the following:

1. Your complete contact information.
2. Your resume.

(References are not necessary now, but may be requested at a later date)

16045 Nightingale St. NW
Andover, MN 55304
Office: 763.755.2537
Fax: 763.755.3372
www.andovercc.org

