

# Crossroads Fellowship Adult Ministry Leadership Application

Sponsoring Pastor (put "pending" if unknown): \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Single     Engaged     Married     Divorced    Date of Birth: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Are you a member of Crossroads Fellowship? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_

Do you regularly attend worship service? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently a member of small group or ministry team? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which? \_\_\_\_\_

## Interests

What other programs, classes, responsibilities, etc...are you involved with at Crossroads (past or present)?

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Hobbies: \_\_\_\_\_

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Other time commitments: (i.e. other volunteer positions, family commitments, etc.) \_\_\_\_\_

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I am applying for the ministry position of: \_\_\_\_\_

Why do you want to serve in this ministry?

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Share two strengths that you can contribute to this ministry?

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Share two weaknesses that you will need help with in this ministry?

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## Ministry Experience

Describe your previous ministry experience (if applicable)

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Do you know your DISC personality assessment (above the line letters)? Specify (or "don't know"): \_\_\_\_\_

Do you know your spiritual gifts?      Check those which apply.

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Evangelism      | <input type="checkbox"/> Showing Mercy | <input type="checkbox"/> Teaching    | <input type="checkbox"/> Giving         |
| <input type="checkbox"/> Prophecy        | <input type="checkbox"/> Serving       | <input type="checkbox"/> Exhortation | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Pastor/Shepherd |  |                                      |   |

If your gifting is not indicated somewhere on this list, tell what you believe your spiritual gift is from your understanding of spiritual gifts (1 Corinthians 12, Ephesians 4, Romans 12).

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## Spiritual Life

How long have you been a Christian? \_\_\_\_\_

Briefly share about your relationship with Christ (Use Back of Page If Necessary)

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## Confidential Section

**This section is intended as a screening safeguard. All information given will be held in the strictest confidence.**

Are you currently going through any difficult or stressful physical or spiritual situations or relationships which we need to be sensitive to? (i.e. job transition, family problems, loss, marital problems, etc...)

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Have you ever received professional counseling or been involved in a support group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates & brief description. \_\_\_\_\_

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Have you been treated for any psychological, psychiatric or other emotional or mental condition or disorder within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give when / where / reason.

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Are you currently on any medication for psychological, psychiatric, or other emotional or mental conditions or disorders such as but not limited to anti-depressants, schizophrenia drugs, anti-anxiety medications, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what medications and how long have you been taking them?

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Have you ever been arrested or charged with a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the offense, the date, & were you convicted? \_\_\_\_\_

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