

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)?

Hobbies: _____

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

I am applying for the ministry position of: _____

Why do you want to serve in this ministry?

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?

Ministry Experience

Describe your previous ministry experience (if applicable)

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).

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...)

Have you ever received professional counseling or been involved in a support group? Yes _____ No _____
If yes, give dates & brief description. _____

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.

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?

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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