

Summit Church
MINISTRY APPLICATION
Please Print

APPLICANT INFORMATION

TODAY'S DATE:

Name:		Phone:	
Address:			
City:		State:	Zip Code:
Email Address:			
Marital Status:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse Name:		Ages of Children:	
Length of time you have attended Summit Church:			

EDUCATION

High School (Name, City, State)	College / University (Name & Degree)

EMPLOYMENT

Occupation:
Employer:

MINISTRY AREA FOR WHICH YOU ARE APPLYING [Please rank in order of your interest level.]

<input type="checkbox"/> Worship <input type="checkbox"/> Small Group Leader <input type="checkbox"/> Ushers <input type="checkbox"/> Children's Ministry <input type="checkbox"/> 1 st Impressions Team/Greeting/Hospitality <input type="checkbox"/> Parking Lot <input type="checkbox"/> Care Ministry/Meals/Helps	<input type="checkbox"/> Administrative <input type="checkbox"/> Media/Public Relations <input type="checkbox"/> Technical/Computer/Sound/Video <input type="checkbox"/> Special Events/Outreach <input type="checkbox"/> Student Ministry/Youth <input type="checkbox"/> Other: _____
Day(s) Available:	
Time(s) Available:	

PREVIOUS EXPERIENCE

Have you ever worked or volunteered at Summit Church before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Briefly explain why you wish to serve at Summit Church:
List any gifts, training, education, or experiences that have prepared you to serve with Summit Church in the capacity for which you are applying:

PREVIOUS EXPERIENCE (CONT'D.)

Have you ever worked or volunteered at any other church? Yes No
If yes, please provide the following for each church you have served in the past. (Use additional paper if necessary.)

Church Name:	Dates:	
Address:		
City:	State:	Phone:
Ministry position:	Supervisor:	
Church Name:	Dates:	
Address:		
City:	State:	Phone:
Ministry position:	Supervisor:	

PERSONAL BACKGROUND

Have you been born again? (John 3:3-8) Yes No *If yes, when?*

Have you been water baptized? Yes No *If yes, when?*

As a result of your "born again" experience, share your personal testimony in relationship with Jesus Christ. (see Luke 9:26) *(Use additional paper if necessary.)*

Have you attended a Small Group at Summit Church?

If yes, when? What group?

Do you tithe regularly to Summit Church? Yes No

Have you attended Base Camp? Yes No *If yes, when?*

List 3 accomplishments in your life that you have found fulfilling. Exclude your commitment to Christ, marriage, children, and graduations. [Examples: I took care of our horse one summer. I manage a chain of grocery stores.]

What is your greatest strength?

What is your greatest weakness?

Please tell us your spiritual gifts, skills, abilities and interests. (For example: helping others, cooking, administration, music, art, giving/financial counseling, media/technical, prayer/intercession, teaching/speaking, drama/writing, pastor/shepherd counselor, facilities/maintenance.)

Are there any limitations, physical or otherwise, that should be taken into account when considering your placement in ministry?

Yes No *If yes, please explain:*

PERSONAL BACKGROUND (continued) – An affirmative answer does not automatically disqualify you.

Have you been diagnosed with any communicable or contagious disease that has any chance of being passed on to other adults or children? (*HIV, AIDS, Hepatitis, Tuberculosis, etc.*)

Yes No *If yes, please explain:*

Have you ever been charged, arrested, or convicted of a felony or misdemeanor?

Yes No *If yes, please explain:*

Have you ever terminated your employment or had your employment terminated or has your employer ever reprimanded you for reasons relating to allegations of:

1. Theft or mishandling of monies or company property? Yes No

If yes, please explain:

2. Physical or sexual abuse or sexual harassment by you? Yes No

If yes, please explain:

Have you ever been *accused* of anything involving physical or sexual abuse, neglect, child pornography, or sexual harassment? Yes No

If yes, please explain:

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain:

Other than above, is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people?

Yes No

If yes, please explain:

REFERENCES

List Two Adult Personal References (Other Than Relatives or Employers):	
Name:	Name:
Address:	Address:
State: Zip:	State: Zip:
Phone:	Phone:
E-mail Address:	E-mail Address:
Relationship to you:	Relationship to you:

SPIRITUAL BELIEFS

Indicate all statements that apply to you. *I Believe:*

- | | |
|---|---|
| <input type="checkbox"/> In the Virgin Birth (Isaiah 7:14) and Deity of our Lord Jesus Christ (Matt 1:23). | <input type="checkbox"/> In eternal damnation for the lost (Luke 16:19-31). |
| <input type="checkbox"/> That Jesus is God's Son (John 3:16) and the only sacrifice for sin (Romans 3:23-25). | <input type="checkbox"/> That the Holy Bible is infallible (2 Timothy 3:16). |
| <input type="checkbox"/> That Jesus rose bodily from the dead (Romans 10:9) and now sits at the right hand of the Father in Heaven (Mark 16:19) | <input type="checkbox"/> That a person must be born again to receive eternal life (John 3:3-8). |

CERTIFICATION

My answers on this application and on any resume' I provide are complete and true to the best of my knowledge. I authorize Summit Church and its agents to verify any information related to my application or resume'. I also authorize individuals, schools, employers, and law enforcement or government officials to freely release any information concerning my background and character. In consideration of the receipt and evaluation of this application by Summit Church, I hereby release any individual church, 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 a account of compliance, or any attempt to comply, with this authorization, excepting only the communication of knowingly false information.

I [**Waive**_____] or [**Do Not 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 submit to the policies and procedures of Summit Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I agree to live my life in a manner that honors the Lord and reflects the values of Summit 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 SIGNATURE:

DATE:

SUMMIT CHURCH

APPLICANT DISCLOSURE AND BACKGROUND CHECK AUTHORIZATION FORM

I understand that Summit Church may seek and obtain investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but are not limited to consumer credit reports, criminal history records (from local, state and federal agencies), sexual offender's lists, wants and warrants records, and motor vehicle records. I hereby authorize, without any reservation, the full release of these records from such agencies and hereby release such agencies from any liability resulting from disclosure of this information. In addition, I release and discharge Summit Church from any expenses, losses, damages, and liabilities for the investigative process. Upon request, Summit Church will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: Summit Church, 4425 S. Staples St., Corpus Christi, TX, 78411 or by contacting Summit Church at 361-992-9921.

Signature

____mm/____dd/____yyyy
Today's Date

PRINT Full Name

PRINT Maiden Name

____/mo____yyyy
Mo/Yr Married

PRINT All Aliases (Last Name Only)

____mm/____dd/____yyyy
Date of Birth

Place of Birth

Social Security Number

Driver's License Number

State

____mm/____yyyy
Date Moved to Texas

**If you have lived in Texas for LESS THAN 3 YEARS, please complete the information on Page 2.

Current Local Address:

Street

City State Zip

Home Phone Number (Is this a cell phone? ___Y ___N)

Submitted By:

Summit Church
4425 S. Staples St.
Corpus Christi, TX 78411

If you have lived in Texas for LESS THAN 3 YEARS, please fill in the following, beginning with the most recent STATE where you lived before moving to Texas and ending with the STATE you lived in 10 years ago.

Dates: From _____ To _____ Zip: _____
City: _____ State: _____ County: _____
Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____
City: _____ State: _____ County: _____
Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____
City: _____ State: _____ County: _____
Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____
City: _____ State: _____ County: _____
Your Last Name during this time: _____

Dates: From _____ **To** _____ **Zip:** _____
City: _____ **State:** _____ **County:** _____
Your Last Name during this time: _____

Dates: From _____ To _____ Zip: _____
City: _____ State: _____ County: _____
Your Last Name during this time: _____
