



Ministry Application:

Name _____

Family (spouse, kids)

Address

Phone# _____

DOB _____ SSN _____

Drivers License# _____ state _____

Current church? _____

Pastor _____ phone _____

How long _____

Duties _____

Other experience (jobs or leadership roles)

Physical Health _____ good, fair, poor?

Medications? _____ habits? Addictions? History?

Mental health?

Testimony

Education / training_____

2 Personal References

2 other church references
