



# Ministry Application

PLEASE PRINT CLEARLY

Date \_\_\_\_\_

In which ministry would you like to be involved? \_\_\_\_\_ Campus:  Central  East

Full Name \_\_\_\_\_  Male  Female  
LAST NAME FIRST NAME MIDDLE INITIAL

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

E-mail \_\_\_\_\_ (Hm / Wk) Occupation \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency Contact (Name & Phone) \_\_\_\_\_

Family Status  Youth  Single Adult  Married Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If Married, spouse's name \_\_\_\_\_ Spouse' Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

If under age 18, parent(s) names \_\_\_\_\_  
LAST NAME FIRST NAME (S) MIDDLE INITIAL

If Parent, children's names (Please include all children living at home under 18 years of age)

1. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
LAST NAME FIRST NAME MIDDLE INITIAL

2. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
LAST NAME FIRST NAME MIDDLE INITIAL

3. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
LAST NAME FIRST NAME MIDDLE INITIAL

4. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
LAST NAME FIRST NAME MIDDLE INITIAL

5. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
LAST NAME FIRST NAME MIDDLE INITIAL

6. \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
LAST NAME FIRST NAME MIDDLE INITIAL

May we include your information in our church directory?  Yes  No  Keep the following unlisted \_\_\_\_\_

FOR  
OFFICE  
USE  
ONLY

Date Received \_\_\_\_\_

Pastoral Review (Initials, Status & Date evaluated) \_\_\_\_\_

Ministry Assigned \_\_\_\_\_

Criminal Background Check  Completed Ministry Opportunities Form  Child Abuse Prevent. Form

## BACKGROUND INFORMATION

Church Attendance: Please list the last two churches (other than CFAN) that you have attended. Use additional paper if necessary.

1.	Church Name	Phone	Dates Attend
	Pastoral Reference	Ministry Involvement	
	Reason For Leaving		
2.	Church Name	Phone	Dates Attended
	Pastoral Reference	Ministry Involvement	
	Reason For Leaving		

List any CFAN pastors, elders or ministry leaders who can recommend you for ministry \_\_\_\_\_

Please list the name and telephone number of personal references who can attest to your character and/or ministry ability. Include pastors, elders or leaders from other churches with whom you are personally acquainted.

1.	Name	Phone	Relationship	Years Known
2.	Name	Phone	Relationship	Years Known
3.	Name	Phone	Relationship	Years Known

## AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

**\*\*\* Please send us a copy of your Driver's License or leave a copy at the Welcome Center in an envelope marked "Ministry Application". \*\*\***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last Month / Day / Year

Maiden /Other Names used & Dates they were used \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Last Three Residences 1. \_\_\_\_\_  
Dates City and County State

2. \_\_\_\_\_  
Dates City and County State

3. \_\_\_\_\_  
Dates City and County State

Other States You Have Resided In \_\_\_\_\_

I voluntarily and knowingly authorize any law enforcement agency, state agency and federal agency to give records of information they may have concerning my criminal history to Church For All Nations, and to WSP., to be released exclusively to Church For All Nations. I voluntarily and knowingly, unconditionally, release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid three years from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years of age, this form must be signed by a guardian)

Have you ever been convicted of a crime?  Yes  No If yes, please explain \_\_\_\_\_

Have you ever been convicted of or accused of harming or molesting a child?  Yes  No If yes, please explain \_\_\_\_\_

**PLEASE NOTE:** Because of our concern for safety, those applying to work with Nursery, Pre-School, Children or Youth Ministries are required to read and sign our Child Abuse Prevention Policy. Please read these guidelines (available at the Information Center) and attach your signed sheet with this application.

## VOLUNTEER AGREEMENT AND QUALIFICATIONS

1. I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.
2. I authorize persons and organizations named in this application to provide any relevant information that may be required and I release all parties from all liability for any damage that may result from furnishing information.

In addition to having the general skills required for the position(s) that you are interested, it is also essential to maintain Godly character and live a life above reproach in order to be involved with CFAN ministries. The following are some of the pre-requisites for ministry involvement at CFAN.

- Having an active, growing, vital relationship with Christ
- Maintaining a Biblical lifestyle consistent with Christian character
- Tithing consistently
- Attending CFAN Celebration Services regularly
- Supporting the leadership of CFAN in word and deed
- Receiving a Criminal History clearance

Do you support and are you able to fulfill these requirements?  Yes  No

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE